

North Shropshire Homecare Limited

# North Shropshire Homecare Limited

## 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

North Shropshire Home Care is registered to provide personal care to people living in their own homes. At the time of our inspection, the agency was supporting 40 people with varying levels of support.

Our inspection took place on 4 September 2017 and was announced. The service had a registered manager at the time of our inspection. 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.

People who used the service were satisfied with the support they received to take their medicines however records to reflect the safe administration of medicines were not always fully completed. Staff were confused as to how to effectively record their input and this meant they could not demonstrate safe processes or enable the registered manager or other staff identify any issues.

People were supported by staff who had undergone pre-employment checks to ensure they were suitable to work with vulnerable people. Records, however, did not always reflect that safe procedures had been followed.

People were involved and consulted in relation to monitoring and reviewing the quality of the service although some auditing processes had not been effective in identifying required improvements.

People's needs were assessed and documented although this information was not always shared with staff when the person started to receive their service. People were very satisfied with the care and support delivered by staff when they had got to know them.

People were supported by staff who were able to identify risks and where possible reduce or remove them. Staff had sufficient time to meet people's needs even if they did not always arrive on time. People felt that their personal care and support needs were met by staff who they considered had the knowledge and skills to support them effectively.

People were protected because staff knew how to protect them from the risk of harm and potential abuse and people's rights were protected under the Mental Capacity Act 2005.

People were supported by staff who had the skills and knowledge to meet their needs effectively. Staff had access to a variety of training opportunities and most staff felt well supported to carry out their duties.

People's individual dietary needs and preferences were met and their good health was promoted. Staff worked with families to ensure guidance and advice from healthcare professionals was followed.

People were supported by staff who were kind and caring. People were listened to and their independence was encouraged. People's privacy and dignity was respected and promoted.

People's individual needs were assessed and met in ways that they preferred and staff were responsive to meet people's changing needs promptly and efficiently.

People were confident their concerns and complaints would be listened to, taken seriously and acted on. People's views were sought in relation to the quality of the service provided. Staff felt their views were listened to and acted upon.

## 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 fully safe.

People may not be supported to take their medicines as prescribed because records were not always fully completed to demonstrate safe administration.

People were supported by staff who had undergone pre-employment checks to ensure they were suitable to work with vulnerable people. However records did not always demonstrate safe practice.

Risks were well managed meaning that people received safe support.

People were supported by staff who had sufficient time to meet their needs even if they did not always arrive at times identified.

People were protected because staff knew how to protect them from the risk of harm and potential abuse.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

People were supported by staff who were trained and supported to deliver effective care and support.

People's rights were protected under the Mental Capacity Act 2005 and staff offered individualised support and promoted decision making.

People's individual dietary needs and preferences were met.

People's good health was promoted because staff worked with families to ensure guidance and advice from healthcare professionals was followed.

**Good** ●

### Is the service caring?

The service was caring

**Good** ●

People were supported by staff who were kind and caring.

People were listened to and their independence was encouraged.

People's privacy and dignity was respected and promoted

### **Is the service responsive?**

The service was responsive

People's individual needs were assessed and met in ways that they preferred.

Staff were responsive to meet people's changing needs and did so promptly and efficiently.

People were confident their concerns and complaints would be listened to, taken seriously and acted on.

**Good** ●

### **Is the service well-led?**

The service was not always well-led.

There were procedures in place to monitor and review the quality of the service although some of these were not always effective in identifying issues.

People were confident that the service was well run.

People's views were sought in relation to the quality of the service provided. Staff felt their views were listened to and acted upon.

**Requires Improvement** ●

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## **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 4 September 2017 and was announced. We gave the agency 24 hours' notice of the inspection because it is a domiciliary care service and we needed to be sure that someone would be in the office.

Before our inspection we reviewed information we held about the service. We looked at our own records to see if we had received any concerns or compliments about the service. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law.

The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has experience of using this type of service.

As part of the inspection we spoke with six people who used the service and six people's relatives. We spoke with the registered manager who is also the provider along with one other person. We also spoke with an administrative member of staff, senior support worker and seven other support staff. Following the inspection we spoke with a district nurse.

We looked at extracts from three people's care and support plans. We looked at three staff recruitment files and other records relating to the management of the service. These included identified policies, medication administration records and quality monitoring processes.

## Is the service safe?

### Our findings

People were not fully protected against the risks associated with medicines because, although the provider had arrangements in place to manage them safely, there was inconsistency as to how medicines were recorded.

People required varying levels of support to take their medicines and staff were aware of people's individual requirements. One person told us that they did not receive any support with their medicines. Some people had family members to help them. Most people, and their relatives, told us that staff were responsible for checking only that people had taken their medicines. One person said, "I do have tablets and they make sure I have taken them when they arrive." A relative said, "They [staff] do occasionally disperse them [medicines] for [name] but always ensure that [name] has taken them before they go." We found that the recording of administration caused confusion among staff. Confusion could lead to errors being made therefore a consistent approach is required. Different staff we spoke with, including the registered manager, had different ideas of how to record and what constituted 'administering'. We looked at the agency's policy but it did not provide clarification. In addition to this we found one person's written information about medicines was also misleading. The record stated that the person did not require medicines. We later saw a record that a staff member had given the person their medicines. Although the registered manager could provide an explanation as to the error it had not been picked up on any auditing or monitoring process. People may not be receiving their medicines safely and staff guidance regarding administration and recording was confusing.

There was also confusion in relation to the application of prescribed creams. One person's daily record stated 'all cream applied'. There was nothing in the care plan to identify what cream the person required and how it had to be administered. The basic care plan said, 'Cream on leg, groin and arms.' No other detail was available. One diary entry said all cream applied and the two days prior to this there was no record of cream being applied. The person's care plan identified that the application of the cream was part of the carer's role for the visit. The registered manager later showed us a form that should have been in place. Routine monitoring had not picked up on these omissions.

One person required a named medicine to be taken as and when needed. There was no guidance for staff as to how and when to administer this. The same person's MAR contained gaps of prescribed medicines. The registered manager had not investigated these but would do so and take any required action to improve arrangements.

Staff told us they received training regarding the safe administration of medicines although some felt this training did not answer all of their questions. One staff member told us, "I am nervous regarding medicines. Good training and if anything changes I always ask for reassurance. But I have regular clients so I know them now."

People were supported by staff who had been checked to ensure they had the right background and attributes to support people safely and effectively. However records did not reflect practice. We looked at

the recruitment files of three staff who worked for the agency. We saw that required information was available to demonstrate a safe recruitment process. For example, staff had provided written references and had checks made with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with people. The registered manager confirmed that all required checks were carried out prior to a staff member working unsupported. However, on the files we saw, the start date was recorded as being prior to the references and DBS being returned. The registered manager told us this was because staff started their induction prior to their return. There was no record of induction therefore the registered manager was unable to demonstrate that people were being protected. Staff we spoke with were very clear that they could not work unsupported until all checks had made. There was no record that people were physically and mentally fit for the role they were employed to do although the manager said they had to declare how much absence they had had in previous role.

People who received a service from North Shropshire Home Care felt that they received safe support because staff took time to establish what they needed and were careful while supporting them. One person told us, "Yes I'm very happy with feeling safe with them. They take their time, get my food and [secure my home] when they leave. I have a key safe which they use the code for. They are all lovely." Another person told us, "They are very good girls. I feel safe due to the communication between us. I tell them how I feel and what I think I need doing on the day." Relatives were equally as positive and considered their family members to be safe. One relative told us, "They are very careful handling [name] and I feel [name] is quite safe with them." Another relative told us, "Yes I feel totally safe with them."

People were protected from harm because staff knew how to keep them safe. Staff knew what to do if they had a concern about a person's safety. All of the staff we spoke with were confident they could recognise signs of possible abuse. They shared examples of how they had passed information to senior staff when they had identified concerns. One staff member told us they were confident that any concerns, "Would be very quickly acted upon." One staff member said, "I wouldn't hesitate to report poor or abusive practice." Senior staff, including the registered manager, demonstrated that they knew the procedure for reporting concerns to outside agencies, including the police. They shared examples of how they had historically worked with such agencies to investigate concerns and ensure the on-going protection of the person they supported.

We saw that risks were assessed and managed wherever possible to keep people safe. Two people told us that staff made sure any risks identified were reported and removed. One person told us that staff had checked their home was safe and this gave them reassurance. Staff promoted health and safety and safe working practices. Staff had received training to recognise hazards and they told us how they reviewed people's home environment to ensure it remained safe. One staff member told us, "We always check the environment." Another staff member told us, "We are aware of health and safety and if we are not sure we ring the office." The registered manager told us they were responsible for formally assessing risks in relation to supporting people. Staff confirmed this. The staff we spoke with said that the people they supported did not have many risks associated with their support however they told us how they kept people safe while delivering personal care or supporting them to move. Some records of assessments had not been completed and the registered manager told us that this was because there was no risk in that area. We saw one risk assessment and action plan that had not been updated following a change in the person's circumstances. The registered manager told us the risk had now been removed but it had only been done days earlier. They reassured us the plan would now be updated to reflect care required. Staff told us they were aware of the changes required to safely support that person.

People were supported by staff who had sufficient time to carry out tasks required of them safely. People told us that overall staff arrived on time and always stayed the allocated amount of time. One person told us, "Give or take they are normally on time and yes they always stay their time. Another person said, "They

do their best on time and not let me down." People did comment that sometimes, when staff were running late that they were not always notified. People thought their service would be improved if they were made aware. The registered manager told us they always tried to contact people in such circumstances. Relatives also considered that timings of calls could be improved. Relatives told us that the rural location of their family members meant that delays were sometimes experienced. Relatives also considered delays were usually effectively communicated.

## Is the service effective?

### Our findings

People who used the service told us that staff knew how to meet their needs effectively. They told us that staff had the skills and knowledge to support them. One person told us, "Yes they know exactly what to do and are thoughtful. Before my shower they put the convector heater on for me, the bath mat down to avoid me slipping and warm the towel for me on the radiator." Another person told us, "You can tell they have the right skills in the way they attend to me. They wash me gently, cream me as required and get me dressed carefully." Relatives were equally as positive that staff could meet people's needs effectively. One relative told us, "They [staff] have good skills in my opinion. You can tell from the way they handle [person's name] as [person] is not easy and they are so nice and cheerful with them. [Person] likes the ladies that come because of this." One relative told us they had a few niggles but overall were very satisfied that care and support was effective.

Staff felt they had good training opportunities and that they were well trained to be effective in their roles. One staff member told us, "I have regular training which is relevant." Other staff members told us they had received bespoke training to help them better understand a person's more complex needs. For example, one staff member told us that they had received training to support people who had Parkinson's disease. They told us, "Additional training has given us the knowledge of the condition and provided practical tips as to how to assist the person effectively." They told us that this meant they could offer better support.

Staff felt well supported. All of the staff we spoke with said support was effective. One staff member said, "They are a brilliant agency to work for." Other staff said that the support they received meant they could enjoy their roles with confidence that if they needed assistance it would be available. Staff did not all say they received formal support but all said they could approach the providers about anything.

We spoke with one staff member who said their induction had been good. They said it had given them confidence as this was their first job in care. Another staff member said, "I have good support, especially at first." Staff induction was not currently documented. There was no written evidence that staff had received a structured induction. The registered manager showed us a document that they had developed to record future staff induction. There was no evidence that the induction would cover the care certificate and the registered manager said they were looking into this to reflect good practice.

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.

The registered manager and staff we spoke with told us that everyone they supported currently had capacity to make decisions about their care and support. Staff told us how they respected these decisions. One person told us, "Yes. I decide what I want to eat and they get what I ask for." Other people told us how staff supported them how they requested. This gave them control in all decisions made. A relative told us, "Yes

[name] always decides if they want a shower or not when they call and they always listen and respect [person's] wish." Another relative said, "[Name] is quite capable of telling them what they want. If [they] even need the bin emptying [they] will tell them and they do it for [them]."

Staff told us that if they considered anyone as having a problem with decision making they would refer it to the office. Staff told us they had received training in relation to the mental capacity legislation. One staff member told us they had leaflets available to them to refer to. Staff we spoke with understood the requirements of the MCA. The registered manager was aware of their responsibility in relation to assessing capacity although they had not had to do this.

Some of the people we spoke with required varying levels of support with meal preparation. They were satisfied with the support they received. For example one person told us, "Yes they get my breakfast, lunch and supper. They make tea and toast for breakfast, at lunchtime they will cook whatever I ask them to do and the same for supper." Other people required less support and some people either managed meals independently or with support from family members.

One staff member told us how they supported one person to monitor what they were eating after they had lost some weight. The staff member told us, "We keep a food diary for one person to demonstrate they enjoy a varied and nutritious diet." They also said they did this person's shopping to ensure they had all the ingredients to support the person's menu choice. This support has meant the person could remain at home and not require residential care as it had been suggested. People were able to tell staff of their preferences in relation to food and drink.

People were supported to access appropriate healthcare support when required. Most people did not require any support in this area. Staff told us that one person required input from a district nurse regarding their skin. The nurse had to carry out regular dressing changes. Although there was no mention of this in the persons care plan we did see a skin assessment and records kept by the district nurse of their visits.

A relative told us how staff had helped them to get a chiropodist for their family member. They told us, "They do have a list of contacts for any others services we need. We ask them if we need any help and they always oblige." This shows that staff, healthcare professionals and relatives worked together where appropriate to promote people's on-going good health.

## Is the service caring?

### Our findings

People were supported by staff who were caring. One person told us, "I have a group of carers and got to know them all. There are all nice and caring, yes very happy with them." Another person said, "They [staff] are all lovely. I would recommend them all. They are excellent, take their time, handle me with care, talk with me, yes first class all of them."

People told us that staff made them feel at ease and were kind and friendly. They said that staff talked with them and this made them feel comfortable. One person told us, "They [staff] are very kind and supportive. We have a good chat and like I say that does mean a lot to me. We are like friends now." Another person told us, "They are very good, we have a chat when they are here and if I ask for help with anything they will do it." Relatives also spoke highly of the caring nature of the support provided by staff. They told us they were confident their family members were well cared for. One relative told us, "They are nice and chatty, listen to what [name] has to say and enjoy having a laugh with them. [Person's name] is very happy with the ladies." Staff had a very caring attitude and in conversations reflected how they really enjoyed their roles and felt they made a difference to the people they supported. One staff member told us, "I cheer people up. Make a difference to people's day." One staff member told us, "When I leave I know I've done a good job."

People told us that staff promoted their independence and this was important to them. One person told us, "I do what I can do for myself." They told us how staff let them take the lead. When the person needed assistance they stepped in but most of the time they offered encouragement and prompting. One person told us, "They will do what they can for me and help me get around best I can and encourage me to do so on my own." Another person said, "I am reaching the stage as I have mentioned that I may need more help but they do encourage me to try to move around and wash myself as much as I can."

Staff recognised the importance of helping people to remain independent. They told us how they helped people to manage even after they had left. For example, one staff member left drinks and snacks for a person. Another made sure the person could access their medicines. These small things meant that people could remain living in their own homes. One staff member told us, "We totally encourage people to remain independent."

People told us that staff always listened to them and this enabled them to feel in control of their support. One person told us, "Communication is good as I have said and they always listen to what I have to say and we have a good chat." Relatives also felt that their family member's requests were listened to. One relative told us, "They are brilliant with [name], always nattering and listening to [them] and will accommodate anything [they] wants" Another relative said, "Yes they always listen to [them] and have a good natter about a topic [name] wants to speak about. [Person's name] is very cheerful with them." People felt involved in decisions about their care and gave examples of how they directed the staff to assist them. For example, one person told us, "Yes they are very good and will do anything I ask of them. They make my bed and even wash up while I am showering and clean up the bathroom after I have finished."

People told us that they were always treated with dignity and respect. One person told us, "They [staff] are

respectful people in every way. Respect is what I wanted and respect I have got." They went on to tell us that staff were polite and spoke to them 'nicely'. Relatives were equally as positive about the way staff treated people. One relative told us, "They are most respectful."

Staff told us how they treated people as they would wish to be treated. One staff member told us, "We talk to people and take their mind off things. It's dignity all the way. You put yourselves in their position." They also told us how they ensured people were offered choices and were supported to remain in control of how they received their care.

People also told us their privacy was respected. They told us how staff did this. One person said, "They always ensure I am properly covered up." Another person told us, "They wait outside until I have finished in the shower and won't come in unless I ask or are covered up."

Relatives also shared examples of how their family member's privacy was respected. One relative told us, "They are very good with [them] and always ensure the door is closed behind them when washing or showering [them]." Another relative said, "I can't fault them with that. They close the door and curtains when bed washing or showering [person]."

## Is the service responsive?

### Our findings

The registered manager told us that before they offered support to people they carried out an assessment of their needs. They told us that these assessments formed the initial care plan. People and or their relatives were involved in the development of care plans. One relative told us, "Yes I input into [person's names] care plan and inform them [staff] of any changes that may be required." This meant that a plan was formulated taking into account of people's individual needs and preferences. People were able to share their likes and dislikes as well as any special support required.

The assessments and plans we saw, mostly contained only basic information identifying people's physical care and support needs. A staff member said, "Care plans aren't detailed enough. Staff write the little details in the daily notes." Even though the plans were not detailed, they told us they considered they received all the information they needed. Care plans were not always updated to reflect changes. One staff member told us, "Care plans don't say an awful lot and they are not always updated." We saw evidence that one person's health had deteriorated and their plan had not been updated to reflect this. We spoke with staff about how they were made aware of changes. One staff member told us, "We know people well so this is not an issue." To support the information in people's care plans staff at the office put together a summary of each person's needs. This summary included little details like people's likes and preferences. Staff told us how they used this information in preference to the care plans. The day following our inspection the registered manager confirmed they had printed off all of this information and made it an integral part of the person's care plans.

Once the service had started for people, they received support that was tailored to their individual needs and preferences. People told us they felt the key to providing a responsive service was that staff listened to them and did what they asked. Everyone told us staff did this. One person said, "Yes if anything needs changing they listen to me and do it." Another person said, "They listen to me and change anything accordingly."

Staff understood people's needs and had a good knowledge of people's likes and dislikes. They also felt that the service was responsive. One staff member shared an example with us of how they had told senior staff about a change they had noted in one person and they reassessed them and got them additional support that has improved the person's life.

Staff were responsive to changes in people's needs. Relatives told us how staff worked with them to ensure people's changing needs were identified and then responded to. A relative told us, "Yes they are very good. Like I said if they notice a skin colour change on [person] they will let me know so I can contact the doctor." Another relative said, "Yes if there are any changes I will write it in the book and when they come and check before seeing [person] they are aware of a change, like change of cream for their legs for example."

Support was flexible and responsive to people's changing needs. For example one person's needs increased and they required two staff to support them. This was accommodated. One person's needs decreased and this was also accommodated. One person told us, "I don't need washing so much now so I told them and they were fine about it but always ask what else then can do for me." A relative said, "Yes we changed from a

double up call to having a single carer due to their improvement and they helped and advised over the transition."

People told us they would be confident to raise a concern or a complaint. One person told us, "If I had a problem I would speak with one of the bosses." Another person said, "They [the management team] are most helpful if I need to speak with them about anything, I have no complaints not a single instance." Relatives shared examples where they had shared concerns informally and had received satisfactory responses.

There had been no formal complaints made about the service provided. We saw the complaints procedure which the manager said was given to people who used the service. It was very detailed and not written in an easy to read format. This would make it difficult to follow should a person wish to make an official complaint. Following the inspection the registered manager contacted us and said they had produced a more user friendly document.

Staff told us that they would always try to address issues quickly and informally. Staff had confidence that senior staff would listen to people and take prompt action if they shared concerns on behalf of people. One staff member shared an example where they had taken action to share some information of concern and was happy it had been resolved in order to protect the person it involved.

## Is the service well-led?

### Our findings

Auditing and monitoring arrangements were informal, however we saw some issues relating to record keeping that had not been followed up suggesting more robust arrangements were required in certain areas, such as medicines checks. Some record keeping, as detailed in this report required review and update to reflect the service was operating well. Computerised monitoring of calls and visits identified issues as and when they arose, meaning the service could provide a flexible and prompt response.

Staff shared mixed experiences of receiving information about a person prior to them offering support. Overall staff felt that communication was good, however a couple of staff felt that better information at the start of a new support client and a face to face introduction would improve the service. Some staff told us they already had this, meaning they could offer effective support from the start. A relative told us about the impact this had on their family member when staff did not have this information. They said, "Generally happy, just sometimes an issue when they send new ones who don't know [name]. They can get agitated with new ones." This issue was addressed the day following our inspection with more detailed information being made available for all staff.

North Shropshire Home Care has been registered with us at their current location since March 2016. This was their first inspection. People who used the service considered the agency to be well run. One person told us, "This service is brilliant. The best I've ever had." People, and their relatives, were fully aware of management arrangements. People told us that communication between themselves and the managers was good. One person told us, "[Registered manager] is very nice and communication between us all is good." Another person commented positively on the hands on approach of the management team. They told us, "[Registered manager and other provider] have both been in themselves to help if a carer is off. They are very nice and I would recommend them."

One person told us "[Registered manager's name] is very nice to me when I talk to [them], communication between us is good and I have no complaints." People were satisfied with the service that they received. A visiting healthcare professional also reflected positively on the quality of the service provided. They told us, "I've never had a problem with them. They are all very good."

We saw that the registered manager had asked for feedback from people who used the service about the quality of the service provided. The registered manager told us how return rates of questionnaires were not high and they were looking at other ways to gather feedback. Only two of the relatives we spoke with said they had been asked to complete a customer survey. They did however go on to say they provided verbal feedback to the registered manager who contacted them. People reflected that the registered manager was very 'hands on' and regularly worked alongside staff to support people. The registered manager told us that this was the best way to obtain feedback. One person told us, "[Registered manager] does visit for feedback. We get on with her well." Another person said, "Yes [registered manager] has called and asked on occasion." This suggested current informal arrangements for obtaining feedback were currently effective.

All of the staff we spoke with felt the service was well managed although most said they had autonomy to

get on with their jobs. One staff member told us they had little contact with the office and that they, "Liked that." Staff told us they did not have formal one to one meetings or team meetings. They did not see this as an issue as they had regular informal contact with the registered manager. Staff said that advice and support was available if they needed it and they were satisfied with this. One staff member told us, "I love the company. They [the management team] are very supportive. Good support because managers are hands on. They know the job and so can always ask for advice." Staff told us they felt part of a team. One staff member said, "What do we do well? I feel a part of the team." Not all staff were aware of whistleblowing process however they did say they would be confident to approach the registered manager if they had any worries and concerns and felt they would be listened to. The whistle blowing policy enables staff to feel that they can share concerns formally about poor or abusive practice without fear of reprisal.

Some staff told us they had been formally observed in their work to make sure they were doing a good job. The registered manager accepted that spot checks had not been routinely carried out but said this task had now been allocated to a senior staff member who had started to complete them. We saw some completed records demonstrating this. One person had fed back during a check that they were happy with the care they received. Other responses were equally as positive.

The registered manager demonstrated a good understanding of the requirements of their role. For example, registered persons are required to notify CQC of certain changes, events or incidents at the service. The registered manager was aware of their responsibilities in relation to sharing information and had done so appropriately.