Care Connect UK Limited

Care Connect UK

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 14 November 2017.

Care Connect UK Limited is a large domiciliary care agency based in Blundellsands. The service supports approximately 500 people in their own homes in the Sefton area of Merseyside.

The service was last inspected in November 2015 and was rated Good. At this inspection we rated the service Requires Improvement.

We received mixed responses regarding whether the service supported people to feel safe, particularly in respect of staff allocation and how this was communicated to people. People told us they did not always receive advance notice of who would be supporting them, and at what times, which made some people concerned. We have made a recommendation regarding this.

There had been recent changes to the management structure at the service following the departure of the last registered manager in May 2017. Their replacement left in August 2017. The current manager was appointed on the 30 October 2017 and was not yet registered with the Care Quality Commission. 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.

We received a number of comments regarding the lack of communication and organisation at the service, specifically in relation to office based staff.

There was a lack of audits being completed at provider level which meant that the issues around poor communication and staff rostering had not been effectively managed in the absence of a consistent registered manager. We have made a recommendation regarding this.

People who used the service told us they felt safe when receiving care and support from care staff.

The registered provider had experienced operational issues in respect of staff recruitment which had impacted upon their ability to meet the demands of their contract with the local authority. Nevertheless, the registered provider ensured all existing referrals were managed safely as a priority and that sufficient numbers of staff were allocated to meet people's needs.

There were processes in place to ensure that staff were recruited safely. This included a satisfactory DBS check and two references.

People told us they were happy with the support they received with their medication. Staff were trained in

medication administration and there were regular audits completed in respect of Medication Administration Records to check their accuracy. Errors had been identified and actions were taken in response.

Staff had received training in 'Safeguarding' to enable them to take action if they felt anyone was at risk of harm or abuse and understood the reporting procedures.

Accidents and incidents were recorded and appropriate action was taken to address any issues identified.

Staff were assisted in their role through induction, supervisions, observations and an annual appraisal. Staff also felt confident to raise any issues or support needs informally.

The manager provided us with a staff training plan and this showed staff received training to ensure they had the skills and knowledge to support people effectively.

The service operated within the principles of the Mental Capacity Act 2005 (MCA). People told us that consent was sought and staff offered them choice before providing care.

Staff encouraged people's independence whilst providing assistance and prompts where necessary.

People spoke highly of the individual carers who supported them. People described the carers as "fantastic", "caring" and "respectful."

The majority of people told us that carers stayed for the allocated time and had sufficient time to complete the necessary tasks and have a chat.

Care files contained succinct information about people's routine and preferences. A breakdown of each person's call time stipulated how they wanted to be supported.

People had access to a complaints procedure and we saw that formal complaints were managed effectively.

We looked at processes in place to gather feedback from people and listen to their views. Annual surveys were issued to people using the service to seek their views, capture trends and improve the service delivery.

Quality assurance procedures were in place as well as regular audits in respect of medication and care planning. We saw that the new manager had plans to further develop these systems to make them more robust but these were not yet fully embedded.

Regular monitoring visits were completed by senior staff to promote quality of care.

Further information is in the detailed findings below.

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 not always safe.

We identified concerns in respect of the management of the staff rostering system. We have made a recommendation regarding this.

Risks to people's health, safety and wellbeing were assessed and managed in a manner that promoted both independence and safety.

Safe recruitment practices were followed to help ensure staff were suitable to work with vulnerable people.

Is the service effective?

Good

The service was effective.

Staff received the induction, training and supervision to help ensure they provided effective care and support. Staff felt supported within their role.

People told us staff asked for consent before providing care and support.

Staff supported people with their nutritional and hydration needs where necessary.

Is the service caring?

Good

The service was caring.

People spoke positively about the individual carers who supported them.

People told us staff ensure privacy whilst attending to their personal care needs. Staff provided examples of how they promoted people's dignity.

Staff worked with the aim of supporting people's independence.

Is the service responsive?

Good

The service was responsive.

People were involved in the assessment and planning of their care and support.

Care plans provided sufficient information to guide staff as to how people wanted their care delivered.

People were asked for their views on the service they received and these responses were analysed in order to improve service delivery.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

There had been recent changes to management at the service and there was no current registered manager in post.

There were processes (checks) in place to ensure quality service provision however these were not always effective and did not include routine audit at provider level. We have made a recommendation regarding this.

Some people told us they did not find the service to be well organised and we received a number of comments regarding poor communication from administrative staff.

Care Connect UK

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.

Prior to the inspection we contacted the local authority quality monitoring team to seek their views about the service. We were not made aware of any concerns about the care and support people received but were told the service had experienced issues with staff capacity and recruitment. We also considered information we held about the service, such as notification of events about accidents and incidents which the service is required to send to CQC. Before this inspection, we had received some concerns about this provider in relation to staff rostering. We discussed these complaints with the manager and registered provider as part of our inspection process.

Before the inspection, the registered provider also completed a Provider Information Return (PIR). This is a form that we require providers to send us at least annually to give some key information about the service, what the service does well and improvements they plan to make. Information provided was used to inform the inspection. We reviewed the feedback we received in questionnaires completed by 15 people who used the service and their relatives. This inspection took account of the results of the surveys.

The manager was given 24 hours' notice before our site visit and advised of our plans to carry out a comprehensive inspection of the service. This is because the location provides a domiciliary care service and we needed to be sure that someone would be in the office to assist with the inspection.

The inspection team consisted of two adult social care inspectors and two experts by experience who made phone calls to people who used the service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

As part of the inspection we spoke with 35 people who used the service. We visited the office and met with the registered provider, director and new manager for the organisation. We spoke to four members of office staff and seven support staff. We also looked at 10 staff personnel files, 10 care plans for people who used

the service, 10 Medication Administration Records, staff training and development records as well as information about the management and conduct of the service.

Requires Improvement

Is the service safe?

Our findings

We received mixed responses regarding the allocation of staff and whether this supported people to feel safe. People raised concerns about the lack of organisation in respect of staff rostering and how changes were communicated to them. We also received some additional concerns from two people in the week prior to our inspection regarding inconsistent call times and ineffective rota management. One of these people told us this had the effect of making them feel unsafe because continuity of carers was particularly important to them.

People's visits were planned on a rota. Some people told us these rotas were not always organised effectively and people did not always receive advance notice of who was coming to support them and at what times. This lack of advance planning meant some people felt insecure about whether or not someone had been allocated and, if so, who that person was. Comments included; "I don't know who or what time they are coming" and "I get a rota with blank places, and sometimes 2 or 3 girls turn up to do the same job." As part of this inspection we sent out feedback questionnaires to people who used the service, staff and professionals. The responses also echoed the responses we received when we spoke to people; for example, one comment outlined; "Rotas do not include the correct visit times which causes unnecessary problems and hassle if carers attend who do not normally attend."

Some people also told us the times of visits could be inconsistent and when this happens, the communication of this could be poor. People commented; "The times change a lot" and "The office don't call if the staff are really late." Other people shared a different view and told us they were kept informed regarding staff lateness. Comments included; "If they're late, they'll let me know" and "They have been [late] but they always ring me before they come and they make up for their time."

We spoke to the manager and the registered provider who acknowledged that recent recruitment difficulties had meant that rotas were not always completed in advance which left some calls 'uncovered' to be shared amongst the carers. The registered provider had taken steps to address this by ongoing recruitment and had raised their remuneration package in order to attract new staff.

We recommend the provider review their rostering and communication systems to ensure that people receive consistent and dependable information to enable them to feel safe.

We received comments regarding the inconsistent staff approach to infection control; some people told us, "They wear gloves – as soon as they come, they put them on." However, two other people told us that staff did not always wear protective equipment or demonstrate hygienic practices. One person commented, "The carers don't wash their hands, most of them, and one or two don't even wear gloves – even emptying my commode. Then they get me my mug of hot water without washing their hands."

We looked at training records and saw training in prevention and control of infection and food hygiene handling was mandatory for all staff. We saw evidence of these training certificates within staff recruitment files. Staff spoken with confirmed they had completed training and had access to personal protective

equipment (PPE) such as gloves. The manager planned to revisit this topic to ensure all staff were aware of their responsibilities in respect of infection control.

We looked at how staff supported people with the management and administration of their prescribed medicines. The majority of people we spoke to managed their own medicines but received prompts from carers to check that they had taken their medication. Others, who required support with medication, were happy with how this was administered. People told us; "I do my own medication but I've had my cataracts done recently and every time [the carers] have come since, they do the eye drops for me", "It's always fine" and "They [carers] do the medication because I can't see to do it. No problems."

We reviewed the MAR's for ten people. The MAR's we looked at were completed with details of the medication dose and frequency. However, we identified some recording issues in respect of missed signatures and poor signage practices. The manager completed regular audits of all MAR's on a monthly basis and maintained a 'medication error action form'. We looked at the October audit and saw that the manager had already identified these recording errors and had taken appropriate steps to address these. The manager had also introduced a new audit procedure which delegated responsibility to senior members of care staff so that MAR forms would be double checked to increase oversight.

Medication was stored in people's homes where they chose and there were appropriate risk assessments in place around the storage of the medication, for example; one care plan outlined that controlled drugs were stored in a locked cabinet.

Policies and procedures were in place to guide staff on the safe administration of people's medicines. We found this policy to be comprehensive in respect of covert medication, controlled drugs and over the counter medicines however the section on PRN (as required) medication was limited and could be improved.

Records showed and staff confirmed that medication training was provided. We saw guidance within people's care plans in respect of their medical history, allergies and any conditions which may require medical attention. For example, we saw one care file which contained clear instructions for staff to follow in the event that a person had an epileptic seizure.

At the time of the inspection, there were 140 care staff employed by the service. Staffing levels were sufficient to support people safely but fell below the registered provider's preferred level of 170. This meant that the registered provider had difficulties in meeting the increased demand for service provision in the local area. The registered provider had taken appropriate steps to ensure that existing referrals were safely managed as a priority and declined new packages of care which they were unable to deliver effectively.

People told us that sufficient staff were employed to meet their needs. They told us that staff had sufficient time to complete tasks. Comments included, "I'm quite happy with what I've got; I never have to wait", "Anything you want them to do, they do it. They have a lot to do but they never complain" and "Oh yes, 10:00am is fine; they do lunch at 1:00pm then tea is made. All fine."

People told us they felt safe being cared for in their own home. People told us; "I feel safe knowing there's someone coming to check up every day", "I feel safe and the carers make sure when I'm moving around I don't fall", "They always check I've got my pendant on before they leave" and "I feel very safe that they come and see me." A relative told us; "If it wasn't for [staff member] I don't know what would have happened [when person collapsed]."

We reviewed ten personnel files of staff who worked at the service and saw there were safe recruitment processes in place including; photo identification, references and Disclosure and Barring Service (DBS) checks. DBS checks are carried out to ensure that staff are suitable to work with vulnerable adults in health and social care environments.

Staff told us that they had received training in safeguarding vulnerable people and were able to describe what course of action they would if they felt someone at the service was being abused. One staff member told us; "I would contact the office and then follow it up and report it Social Services directly if needed."

We saw that a log was kept of all accidents and incidents which included issues such as verbal aggression towards staff. Records were detailed and included reference to actions taken following accidents and incidents.

The care files we viewed showed that staff had completed risk assessments to assess and monitor people's health and safety. We saw each care plan had a 'moving and handling' plan to enable staff to assist people safely.

Each care file contained an environmental risk assessment which had been completed on each person's home during the initial assessment process to highlight any potential hazardous working conditions for staff, such as whether the client was a smoker.

Good

Is the service effective?

Our findings

People told us they felt the staff had the necessary skills and knowledge to support them effectively. People told us, "I am so satisfied with each and every one of them that comes to my home, especially the regular one", "They're pretty good", The staff know what they are doing", "I've always been very satisfied; no complaints whatever " and "I think that the care that I've had has been exactly what I've needed." The information we received from our feedback surveys also confirmed that people found the care effective and that staff had the skills and knowledge to support them.

We looked at the staff training records and saw that staff had received training in a variety of topics including; dementia care, malnutrition care, medication handling, mental capacity act and moving and handling. Some staff had received additional training in areas such as catheter care.

The provider also ensured new starters signed up to complete the Care Certificate. The Care Certificate is a set as standards health and social care workers should adhere to as part of their job roles. These can be used during the staff member's first twelve weeks of employment to access their knowledge and skill set for certain aspects of the role, and then this work can be used as evidence towards formal qualifications.

Staff we spoke with told us they were well supported in their role and reported that they could access support from management when needed. We looked at staff records and saw that two supervisions and two observations were scheduled for each staff member on an annual basis. At the time of inspection, at least one supervision and one observation had been completed for 105 out of 140 staff. A further 35 members of staff had received one additional supervision or observation. Supervision sessions between staff and their line manager give the opportunity for both parties to discuss performance, issues or concerns along with developmental needs. They also provided evidence that information had been shared for example; on shaving or inserting a hearing aid.

During this inspection we checked to see if the service was working within the legal framework of the Mental Capacity Act (MCA) 2005. 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.

We found evidence of people's capacity being assessed within care files. For example; the care plan for one person who had type 2 diabetes outlined that the person chose not to follow a reduced sugar diet and reminded staff that this person had capacity to understand the implications around this but was happy with the choice.

All the people we spoke with felt they were involved in decisions about how they wanted to be supported. People told us staff asked for their consent and agreement before undertaking tasks. Comments included; "They don't try to boss me; they ask, 'which way would you prefer this or that?", "They say, 'What would you

like me to do?' which I think is better for me." Another person said, "[The carers] always ask my consent or tell me what we are doing."

People felt they were well supported by the staff in relation to having their nutritional needs met. People told us that staff ensured they had a sufficient amount to eat and drink. People commented; "I'm always asked what I would like to eat or drink and "They know what I want and what I like to eat". We saw that consideration was given to people's nutrition and hydration within care plans and their likes and dislikes were recorded. For example, one care plan reminded staff that the person enjoyed having a 'light' meal such as a sandwich, soup or salad at lunch.

People using the service were supported by staff and external health care professionals to maintain their health and wellbeing. We looked at the call monitoring system and saw evidence of liaison with health professionals such as the district nurse. Some care plans reminded staff to help people go through their letters and to make health appointments if required.

Good

Is the service caring?

Our findings

People we spoke with considered staff to be kind and caring. People described staff as patient and understanding. Comments included; "[Carers] are courteous and polite and respectful", "They're all lovely", "I have all kinds of carers (because of recent change to regular carer) but they're all lovely", "Kind, friendly; we call each other by our first names", "Great – like friends coming in to me" and "Absolutely lovely; I couldn't have asked for more help."

The majority of people we spoke with said staff stayed the allocated time and were not solely task orientated. They told us; "They're very sociable" and "We have a cup of tea, a chat and a laugh – it makes my day; company for a little while". People told us they had built a good rapport with their carers and staff knew their wishes and preferences. Comments included, "I have the same carers, other than holidays and illness, and we have got to know each other quite well" and "They notice things if they've changed. They know what I like for tea etc."

Staff we spoke with spent time talking fondly about the people they supported and said they had built strong relationships with people. One staff member told us, "I have supported one person for nine years, it's lovely."

Care plans evidenced that people had been involved in discussions regarding their support needs and how they wanted their care delivered. People's daily routine was recorded, for example; one person's care plan outlined that the person liked to go out in the local community and was an active member of the local church.

We looked at the 2016-2017 provider Quality Assurance survey which was completed by 157 people using the service. The results showed that 91% of people responded positively to the statement, 'My care staff listen to me and take my views into account' and 99% agreed with the statement, 'My care staff give me privacy when helping me with my care.'

People told us staff ensure privacy and dignity whilst attending to their personal care needs. One person told us, "You do need to feel a little bit of dignity and yes, I do feel that is protected." People gave examples of where staff assisted them with personal care in a sensitive manner. One person told us; "[The carer] is so understanding and respects you; they do the back and I do the front and we have a bit of a laugh about it". Another person told us, "The carers shower me two or three times a week and every day a wash down. They're always very polite and there's no awkwardness."

Staff were able to give us examples of how they offered support in a dignified way, for example; asking family members to sit outside the bedroom so that care could be provided in private, closing curtains or covering people with a towel when they were getting changed. One staff member told us they apply the same principles they would to anyone else and treat people as though they would like to be treated. They told us, "I wouldn't want someone in the room when I'm getting changed so it's the same for them."

The results from our feedback surveys outlined that 100% of respondents felt the care they received helped them to be as independent as they could be. This was further evidenced in our discussions with people who told us that staff worked with the aim of improving their independence but offered support and encouragement when needed. Comments included; "They let me carry on even if I'm struggling a bit. They stand around me so that I won't fall; it builds my confidence and my independence back" and "The carers leave me to do what I can. They pass me my medication so I can take it for myself."

Good

Is the service responsive?

Our findings

People described staff as being flexible and willing to respond as necessary to their changing or fluctuating needs. Comments included; "If I need anything, the girls will do it", "The carers just ask you if there's anything you want and they do it and "The carers adapt [what they do for you] according to need on the day."

We asked people if they had been involved in the assessment and care planning process so that it was responsive to their needs. Some people we spoke to couldn't recall if they had been involved in their care or suggested that relative or professional took main responsibility for this. Those people who could remember being involved commented; "Care planning was good, I could give my views", "I have a say in what I want. I use [specific people] as part of my care package", "I'm aware of what's in the care plan and anyone new always looks to check" and "I was involved in all the planning."

Care plans included the local authority assessment, the support plan and relevant risk assessments. Care plans contained personalised information in respect of people's individual needs and how they wished to be supported.

A daily record of the care and support people received was maintained and people confirmed that staff completed the records following each visit. These were then periodically transferred on to the electronic system. We noted that in respect of two care files, there was a delay in the update of the care file which meant the people's change in circumstances was not promptly recorded. We brought this to the attention of the manager during our inspection who explained that the information had not yet been recorded on the care file but that care staff were aware of the change in circumstances.

We found that regular care plan reviews had taken place for the majority of people the service supported. People told us, "The area supervisors come – they tell me when they're coming; they ask me if everything's still ok or if we need to change anything" and "I have a yearly review to see if anything's changed; they ask me questions about my care."

Most of the people knew how to make a complaint about the service. People told us they had a phone number in their care file that they knew to use to call the office to express any concerns about the service. Comments included; "I know to phone the office; the number's on my book." and "The carers write it [any concern] down in the book; they sort it." Other people told us, "It's never happened. I'd just come out with it or ring CCUK up", "I am more than satisfied" and "I've never had to make a complaint."

Whilst we received mixed reviews regarding poor communication from office staff as discussed under the safe domain, we found that formal complaints were dealt with appropriately. Two people provided us with examples when they had to make a complaint about individual carers and described how the provider responded appropriately and the individual staff member had not returned to them, "I didn't have that carer again and I believe eventually they had to let [carer] go."

We reviewed the complaints procedure and looked at four recent formal complaints. They related to missed calls, late calls and a medicines error. Each complaint was sufficiently detailed and demonstrated that appropriate action had been taken in accordance with policy. This included removing staff from a service and disciplinary action.

As part of our inspection, we spoke to one person who told us they were unable to make a formal complaint due to literacy issues. We spoke to the provider and requested they take the necessary steps to support this person.

We looked at processes in place to gather feedback from people and listen to their views. Quality assurance surveys were issued to people using the service and results were analysed. The records showed that 157 people completed the survey this year and that 92% of people were satisfied with the help they received from Care Connect UK.

Requires Improvement

Is the service well-led?

Our findings

There had been recent changes to the management at Care Connect UK. The last registered manager left in May 2017 and their replacement left in August 2017. A director of the company was based in the office. The current manager was appointed on the 30 October 2017 and was not yet registered with the Care Quality Commission (CQC). 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.

We received a provider information return prior to our inspection which outlined that the registered manager's role 'is responsible for the day to day administration of care delivery and is in constant direct communication with the office-based administrative staff.' The feedback we received from people suggested these duties had not been completed effectively or delegated in the absence of a consistent registered manager.

There was a general consensus that the care staff were very good but the feedback we received indicated some recurring themes of poor communication from administrative staff. People's comments included; "Messages are not passed on to the care staff", "Office staff take no action (in respect of late calls or time changes)", "The office staff listen but don't seem to care", "The office is hit and miss, sometimes they get back to you sometimes they don't" and "It isn't well-managed and organised. I would start with the office – they don't know what they're doing."

We reviewed the IT system in place at the service and saw these were user friendly and effectively designed to ensure all incoming calls were logged and dealt with by the appropriate person. In respect of the concerns around poor communication by office based staff, the manager proposed further training for office based staff to promote better communication.

We recommend the registered provider improve their systems to include provider audits; in order to promote consistency, effective communication and quality assurance.

We received information from the local commissioning teams regarding operational concerns at the service which meant that the registered provider was unable to fulfil their contractual obligations in respect of meeting the demands for care packages from the local authority. Nevertheless, we noted that the provider had taken appropriate action in these circumstances and ensured that existing packages of care were delivered safely as a priority.

We spoke at length with the manager and registered provider who was open and transparent during our inspection regarding some of the issues the company had experienced in the last few months with recruitment which had impacted upon staff allocation and the rota system. They were able to discuss the steps they had taken to address this which included ongoing recruitment and the refusal of new care packages to manage the workload most effectively.

We saw the service had policies and procedures in place, in respect of issues such as whistleblowing, medicines and safeguarding which were regularly reviewed. There were some errors within the safeguarding policy with regards to out of date contact details which were brought to the attention of the manager during our inspection.

We looked at what systems were in place to monitor and review the quality of service people received. We saw that senior staff completed regular monitoring visits to oversee the effectiveness of care provided; including 37 visits in October 2017. People were asked to provide an assessment of the care provided, staff performance and any changes in care needs. These monitoring checks also included audits of people's Medication Administration Records.

We saw evidence of regular governance meetings being held which covered topics such as care plan updates, complaints and safeguarding, monitoring forms, carer appraisals and medication management. The service also held regular staff meetings for office based staff and care co-ordinators.

We looked at procedures in place to monitor any missed calls. We saw that a missed call log was kept and an analysis was completed by senior staff. The audit also showed action taken as a result and was signed by the manager.

The recently appointed manager had a clear vision for the service with a focus on staff training and development and increased accountability for senior members of care staff. The manager had introduced a number of new audit systems in order to further strengthen the company's quality assurance processes. This included developments to the documentation in place to monitor safeguarding outcomes and medication errors. We saw that the issues in respect of the recording on Medication Administration Records had largely been identified by the manager and appropriate action was taken in response.

There was evidence that people's view had been sought through the distribution of a quality assurance service survey. The results were summarised, conclusions drawn and recommendations for improvement in practice made. The manager had compared results from previous years in order to monitor progress. The manager also identified areas for improvement following the survey, for example; the results suggested there was some uncertainty over the provider's complaints procedure so an action was identified to re-circulate details of this procedure to all people using the service.

Staff told us they felt well supported within their roles. One staff member told us, "If I had any problems, I know it would be dealt with." Staff told us they enjoyed working for the company.

The provider's whistleblowing policy was detailed and provided clear instruction and guidance for staff. Staff we spoke with were aware of the provider's whistle blowing policy and told us they would not hesitate to raise any issue they had. One member of staff told us, "I have never had to, but if I did [whistle blow], I feel confident that I would be listened to and my voice would be heard." Having a whistle blowing policy helps to promote an open and reflective culture within a service.

The manager had notified the Care Quality Commission (CQC) of events and incidents that occurred at the service in accordance with our statutory requirements. This meant that CQC were able to monitor risks and information regarding Care Connect UK.

It is a requirement that CQC inspection ratings are displayed. The provider had displayed the CQC rating and report from the last inspection on their website.