Mears Care Limited

Mears Care Limited Wallsend

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Mears Care Limited Wallsend provides personal care to mainly older adults in their own homes. At the time of inspection there were 130 people using the service.

We previously inspected Mears Care in September 2017, at which time the service was in breach of regulations 9, 13, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At the previous inspection we rated the service as requires improvement. At this inspection, we found there had been improvements in all areas and the service had improved to good. The service was no longer in breach of the regulations.

There was a registered manager in place with suitable experience and knowledge of the service. 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.'

The registered manager had ensured a range of improvements had been made, specifically with regard to the implementation of the electronic call monitoring system and rota planning system. We found instances of missed or delayed calls had been significantly reduced.

People who used the service felt safe and had confidence in the service.

There were risk assessments in place to ensure staff knew how to keep people safe. These were regularly reviewed. Some risk assessments would benefit from more personalised details.

Where staff administered medicines they had been appropriately trained. Staff competence in this regard was regularly checked and reminders shared with all staff where common errors or poor practice were identified.

Staff were aware of their safeguarding responsibilities and understood the risks people faced. They also understood the risks of lone working and were well supported by the provider in this regard.

No concerns were raised with us by external professionals regarding the service.

Rota planning was effective and well managed. Out of hours on call arrangements were in place. Staff mobile phones were used to log in and out of calls and this system was working well.

There was effective liaison with external professionals to ensure people's needs could be reviewed and met.

Staff were well supported by way of induction, ongoing training and support and staff meetings.

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

Continuity of care was generally good particularly given the higher volume of shorter calls the provider undertook.

Staff treated people in a dignified way and feedback was consistently strong in this regard.

The registered manager had sent surveys to all people who used the service, reviewed responses, responded to people and put a plan in place to address any concerns.

Care files were well-ordered and logical and contained sufficient person-centred detail.

People's changing needs were well met. The service had provided end of life care previously and worked well with external nurses to ensure people were supported in a consistent, dignified way.

The management of complaints had improved since our last inspection. All people who used the service and their relatives knew how to raise concern. Complaints were comprehensively addressed.

The registered manager was receptive to feedback and was aware of aspects of best practice.

The culture was one of meeting people's care needs well, whilst also trying to ensure this was done in a positive, person-centred way, rather than a task-focussed way.

The registered manager had ensured the required improvements to the service had been made.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People who used the service and their relatives confirmed there were no missed calls and late calls were rare.

Medicines audits and competence checks happened regularly.

Risk assessments were in place although some would benefit from more person-centred content.

Is the service effective?

Good

The service was effective.

Staff were suitably skilled, experienced and well supported.

Rotas were well planned and managed with clear lines of accountability.

People were encouraged to try and maintain healthy balanced diets.

Is the service caring?

Good

The service was caring.

People who used the service and their relatives praised the attitudes of staff.

People were treated with dignity and respect and staff did not rush.

People were made to feel a part of the care planning process through regular involvement.

Is the service responsive?

Good

The service was responsive.

Pre-assessments and ongoing review ensured staff were aware of people's changing needs.

The registered manager ensured people received information and could communicate in a way that was most effective and accessible for them.

The service provided end of life care in conjunction with other professionals in a personalised and dignified way.

Is the service well-led?

Good

The service was well-led.

Action plans had been implemented and followed since the last inspection to ensure improvements were made.

Auditing of medicines administration and other processes took place regularly.

Documentation was accurate and up to date, with appropriate policies in place to support the smooth running of the service.

Mears Care Limited Wallsend

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 service on 13 November 2018. We made telephone calls to people who used the service on 14 and 15 November 2018. The inspection was announced. We gave the provider 48 hours' notice to make sure that staff would be available at the office. The inspection team consisted of one adult social care inspector and two experts by experience. An expert by experience is someone who has experienced the type of service we are inspecting.

Before our inspection we reviewed all the information we held about the service. We also examined notifications received by the CQC. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescales. We contacted professionals in local authority commissioning teams, safeguarding teams and Healthwatch. Healthwatch are a consumer group who champion the rights of people using healthcare services.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with seven members of staff: the registered manager, a senior carer, a care co-ordinator and four care staff. We looked at four people's care plans, risk assessments, rota and information sharing systems, medicines documentation, staff training and recruitment documentation and quality assurance systems. Following the inspection we spoke with 22 people who used the service and four relatives. We also spoke with three health and social care professionals.

Good

Is the service safe?

Our findings

At the previous inspection we found people had been put at risk due to the provider not ensuring that staff were deployed effectively. We also found that systems were not used effectively to identify when a person's care visit may have been missed and to take relevant action. The provider was therefore in breach of regulations 13 (safeguarding) and 18 (staffing). At this inspection we found improvements had been made and the provider was no longer in breach of the regulations. The electronic call monitoring system and associated rota planning system had been operational for a year and all staff we spoke with understood it well. The registered manager told us there had been no missed calls recently and when we spoke with people who used the service they confirmed this.

We saw that travel time was now factored in to planning of care calls where previously it was not. This meant staff were more likely to be able to finish a care visit to a person and attend the next one on time. Staff we spoke with told us there had been improvements, but there were times, due to sickness or other absences, when it was still a challenge to arrive on time. A small number of people we spoke with stated that they had experienced late calls. All however confirmed they were given advanced notice and all confirmed there had been improvements in this regard.

Staff told us, "They are much better now – they try to plan in travel time and there's a good relationship with the office staff," and, "They've got better at the planning side. It still gets tight sometimes but we pull together. Calls used to be back to back and a lot of us walk, so we would often be late. That doesn't happen as much now."
People received a hard copy rota in advance so they knew who would be coming to their home. People told us, "They send a letter about who's coming. I haven't had any new ones and they are all good," and, "They are never later, apart from emergencies."

Staff had an electronic copy of their rota on their work mobile phone. This was updated instantly and a message sent to them by the co-ordinator where calls changed unexpectedly. The phones were double-locked with passwords. This meant staff did not have to carry around personal sensitive information on paper and, when changes to rotas were made, this was documented on the IT system so that it could easily be traced in the event of a problem. The use of mobile phones had also led to improved staff safety, many of whom were lone workers. Should a member of staff not 'log in' to a care visit then car co-ordinators would contact them to see if there were any problem. Staff were able to describe instances where the system had worked well in this regard, for instance where they had forgotten to log in. This meant the registered manager had ensured systems designed to minimise instances of missed or delayed calls had been implemented effectively.

People who used the service told us, "On the whole they are very helpful," "I feel comfortable and safe," and "We feel safe – they are very, very nice." Relatives we spoke with said, "Very safe because she has regular carers, ones she has got used to," and, "She is safe. The carers come in on the morning and make sure is she is okay. A few weeks ago they found my relative in bed and she was ill. The carer called an ambulance, she was very good."

Staff were clear in their safeguarding responsibilities and felt able to raise concerns with senior staff should they have any. They were aware of wider safeguarding protocols and who to contact. There were out of hours on call arrangements in place should emergencies occur.

External professionals we spoke with raised no concerns about the safety of the service and expressed confidence in the oversight of the registered manager. One professional told us how they felt the fact the service had kept the geographical area it could cover for new calls small meant it was able to make improvements in a manageable way. We found this to be the case and staff, many of whom walked between care calls, confirmed they felt supported by the management during the roll out of new technology.

Risk assessments were in place and individualised to people's needs. Staff were aware of these risks and knew how to keep people safe. We saw two instances of risk assessments that could be improved by incorporating more person-centred detail and the registered manager did this during the inspection.

The registered manager had a sound oversight of accidents and incidents and analysed these, along with safeguarding incidents and complaints, to identify any concerning trends. We saw they took action where there were repeated incidents, for example staff failing to sign medicine administration records (MARs). In this instance the registered manager implemented additional competence checks of staff to ensure the errors did not lead to other areas of poor practice. If people were prescribed medicines 'when required', we saw the service had in place specific documents to describe when and why they may need this medicine, and clear instructions for staff.

When we asked people about their medicines they told us, "They make sure I've taken my tablets," and, "With tablets they try to keep it to the normal routine. They are very aware of the time, if they are ever running late they make sure of the correct timing between dispensing the tablets. They are very good." Medicines records we reviewed were accurate and demonstrated safe practices with regard to the administration of medicines. Staff had been appropriately trained in the administration of medicines.

We found the registered manager was aware of guidance issued by the National Institute for Health and Care Excellence and had implemented changes in line with this. Where we identified other minor areas of potential practice improvement, the registered manager was responsive to this.

In addition to medicines competence checks, senior staff also undertook unannounced spot checks (to assess the timeliness of staff, their professional appearance) as well as more comprehensive observed practice visits.

Pre-employment checks continued to be in place, for example Disclosure and Barring Service (DBS) checks and identity checks, to ensure prospective staff did not present a risk to vulnerable adults. Recruitment files were well ordered and consistent in their approach. Where staff drove to care visits we saw the registered manager had sought proof of their car's MOT and also their car insurance.

Staff told us they had access to ample supplies of personal protective equipment, for example gloves and aprons. People who used the service confirmed staff always used these where appropriate and no concerns were raised in terms of staff approaches to cleanliness and infection control.

Good

Is the service effective?

Our findings

At the last inspection we received mixed feedback from people about the competence of care staff and the provider was in breach of regulation 9 (person centred care). At this inspection we received a high proportion of positive feedback about the competence of staff and the provider was no longer in breach of the regulations. People said, for example, "Yes they do know what they are doing. I have confidence in them. My main carer really gets down to it when helping with housework," "They are on the ball," and, "They are definitely competent." Relatives shared similar opinions, for instance, "I do think they do know what they are doing, I have confidence in them" and, "Yes it's the personal touch, they let me know if she is running out of anything they are very caring." These views were broadly representative of the people we spoke with and, where we encountered isolated feedback that was not positive, we raised this with the registered manager and they took appropriate action.

People who used the service received an effective service from staff who had the necessary skills and knowledge to support them. Staff knew people's needs well. Where they had not got to know people over a period of time and built a rapport, people confirmed they took still the time to understand their needs.

New staff undertook a comprehensive induction and completed 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. Staff were then provided with annual and two-yearly refresher courses. These were monitored by the registered manager and other senior staff, to ensure staff kept up to date with relevant training. This included, dementia awareness, medicines administration, infection control, moving and handling, Mental Capacity Act, safeguarding and information governance.

Staff also had access to an online training portal where they could identify and request to complete additional training that may be beneficial to them in their role. The service did not at the time of inspection have dementia champions in place. This was something the registered manager hoped to roll out in the future.
Staff were supported formally by way of supervision and appraisal meetings, as well as ad hoc on site visits from senior staff. Staff told us, "It's really open, you can go to anyone if you have a problem and they're always supportive," and, "They listen to what you have to say. We work well as a team."

Staff meetings were held regularly and we saw the content was relevant to staff roles and the provider's ethos of providing good quality care and, in the process, making people smile. Some staff meetings had been held at a library to ensure the majority of staff did not have to travel out of their way to attend. Staff we spoke with felt this was a positive move.

Recruitment factored in values-based questions as well as skills and experience based questions. This meant the registered manager was better able to identify prospective staff who may be suited to the role.

The rota was well planned with sufficient staff in place to manage it. At the last inspection the registered manager had planned to employ a third co-ordinator. At the time of this inspection they had chosen not to

do this as the number of hours of care had reduced since the last inspection. We found the office team to be working effectively in planning the rota.

The Mental Capacity Act (2005) (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People whose records we reviewed, and whom we spoke with, had capacity to make decisions. We checked whether the service was working within the principles of the MCA. People's consent was documented in the care files we reviewed and, when we spoke with people, they consistently told us staff asked politely for their consent before assisting them.

People's needs were suitably assessed when they first started using the service and reviewed thereafter. Input was sought from external professionals and acted on, for example district nurses, Macmillan nurses and occupational therapists. Those external professionals we spoke with confirmed staff were knowledgeable in their role and communicated effectively to ensure people's healthcare needs were met.

People were supported to make their own meals, or staff prepared meals where this was required. Healthy options were encouraged. One person said, "I don't need help with meals but they look over my shoulder, encourage me to have lots of salad, which I like. I like takeaways too!" Another said, "I crave an egg sandwich and I can't manage to fry the egg so the girl does it – I love a dippy yolk." Another person told us, "They always offer to make dinner or supper but I get these things myself."

Good

Is the service caring?

Our findings

At the last inspection we found people who used the service and their relatives felt the continuity of care had suffered significantly due to staff turnover and the management of the rota. At this inspection we found improvements had been made. The majority of people we spoke with felt they generally saw the same care worker or staff team, and all confirmed they were introduced to their carer in advance of the care starting.

People told us, "I have mostly the same carers for two calls a day. I have one main carer and maybe three or four others, if she is off, this isn't very often," "It has been better. Over the last three weeks, I have just had three different people. It helps as they know what to get when they go shopping," "The rota has definitely improved," and "It's the same people, I'm getting to know them all and they're all very nice." There were people who gave less favourable feedback, such as, "I never know who's coming." These however constituted a very small proportion of the opinions we sought about the service. The registered manager had therefore ensured improvements had been made with regard to the continuity of care people received.

Some calls were less than thirty minutes in duration. These calls were limited to brief, basic tasks and the registered manager acknowledged that it was sometimes difficult to provide the person centred approach they would expect on short calls. Within this context however we received positive feedback from people who had these calls. A significant majority of people confirmed care staff never rushed when they were helping them, and that they stayed for the planned duration of each visit.
The National Institute for Health and Care Excellence (NICE) guidance, 'Home care: delivering personal care and practical support to older people living in their own homes (September 2015)' states providers should, "Ensure service contracts allow home care workers enough time to provide a good quality service, including having enough time to talk to the person and their carer, and to have sufficient travel time between appointments." We found the provider had generally acted in line with this guidance, although their calls of less than half an hour were not in line with good practice. The registered manager explained that these calls were contracted by commissioners and that they did not determine the length of calls.

People who used the service gave us positive feedback about how staff helped them to remain independent in their own homes, for instance through helping to complete daily tasks such as cooking and cleaning with some support, or getting out into their local community. People told us, "They never discourage me from doing anything" and, "I try to do a lot for myself. Sometimes they do what I can't do – they help us a lot."

People we spoke with stated they were always treated with dignity and respect by all staff who visited them. Where people told us they had not built a good relationship with their carer, they confirmed the organisation had endeavoured to find someone more suited to their personality. One person said, "They try to help me, respect me, I'm lucky." Another said, "They understand and respect my privacy."

One relative said, "They are respectful of my relative. It's person centred care work. They are aware of her dementia and work around her." Another said, "The main carer is excellent. They get my relative in to the bath with dignity."

We received a range of positive feedback from people who used the service about the caring nature of staff in general. People said, for example, "They are very kind and sympathetic. I can talk to them, they can talk to me and we have a good understanding between us," "They are all kind. If you've had a bad day they will sit with you for an extra ten minutes and cheer you up," and "They're very jolly and it's never awkward."

This meant care staff had ensured people who used the service received the support they needed and that it was delivered positively and in line with the company ethos of, 'making people smile.' For the most part, people we spoke with confirmed this was their experience of Mears Care staff, both in their homes and when they contacted the office.

People had evidently been involved in the planning of their own care. We saw evidence of initial assessments and ongoing reviews. People had been asked about any spiritual preferences and staff were aware of these. When we spoke with people, they confirmed they had regular contact from the registered manager or other office staff, and that they and their relatives were invited to take part in reviews.

Good

Is the service responsive?

Our findings

At the last inspection we highlighted concerns that the service was not always flexible to people's changing needs, largely due to a lack of staffing resources and planning, and that complaints were not consistently dealt with and reviewed. At this inspection we found improvements in both areas.

We reviewed recent complaints and saw they had been handled in line with the provider's policy, for instance with an initial letter going out in each case to confirm receipt, an investigation and an outcome. The registered manager had analysed the nature and regularity of complaints on an ongoing basis to establish if there were any common themes or patterns. Lessons learned were clearly documented and communicated with staff through team meetings and/or individual meetings where appropriate.

We found examples of staff at all levels acting flexibly to ensure people's changing needs could be met. For instance, one person's care call was moved to ensure they could attend a gym class. Three people had weekly appointments that were arranged on an ad hoc basis and we saw their care calls were planned in to fit around these appointments. One person's care call was split in two because they grew anxious if waiting to go shopping in the afternoon – now they had brief support in the morning to help with shopping and lessen their anxieties, and another call in the afternoon to help with personal care.

People told us, "When I ring they do what I ask if they can," "I have rung quite a few times, they are very good." Relatives told us, "They are always pleasant and polite," and "Sometimes I have cancelled calls at short notice. They are very courteous and it's not a problem. The girls in the office are friendly." Whilst there were a small number of people who fed back to us that it was not always possible to have the carer they wanted, when they wanted, the significant majority of people we spoke with confirmed the service had improved in this area.

Where one person was in receipt of end of life care we saw individual staff members had ensured they came in to work on their usual days off to ensure this person received complete continuity of care to minimise any anxiety and ensure they were as comfortable as possible. This demonstrated individual staff and the registered manager had acted responsively to people's needs.

The service had supported people at the end of their lives to ensure they were able to spend their last days in the place they chose and with dignity. We saw excellent feedback from one person's relatives which stated, "We wish to highlight the exemplary care shown by calm, caring and smiling colleagues who without exception helped him retain his dignity…this ensured that his long held position as head of our family was protected until his death." The registered manager was keenly aware of the importance of people being supported well at the end of their lives and the service had worked well with MacMillan nurses previously. The registered manager planned to introduce a new form so that staff could have a more open conversation with people who received care, to help them plan such choices in advance. The registered manager was also responsive to our feedback regarding liaising with external professionals to ensure all staff were confident in raising these questions with people in a dignified and appropriate manner.

People were encouraged and supported to contribute to the planning of their care. For instance, one person was not comfortable sitting and discussing their care planning at length, in person, and preferred to communicate via email. We saw the registered manager had ensured they were fully involved with the planning and review of their care via these means. The provider had an accessible communications policy in place. When we spoke with the registered manager, they were able to give examples of how they ensured people with, for example, a sensory impairment, were supported to access information relevant to their care. Similarly, one person living with dementia often forgot what day it was and this could cause anxiety – staff were instructed to ensure they updated a board in the person's house with key information such as today's date. This meant they were acting in line with the Accessible Information Standard (AIS). The AIS was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand.

We found staff worked well with each other and with people and their families to ensure people got the care and support they needed. People's needs were assessed prior to using the service and then reviewed regularly, or when needs changed. People and their relatives confirmed they were always invited to contribute to these reviews and that the staff and the registered manager were responsive to their needs. One relative told us, "The care plan is discussed with my loved one and I. Both of us are always able to express our views and concerns."

Care planning was sufficiently detailed to instruct staff about the core areas people needed help with. Daily notes we reviewed were detailed and person centred. The registered manager told us how the service planned to move away from written records to making these entries on the work mobile phones. They assured us that the process would be phased in and closely managed to ensure there was not a detrimental impact on the quality and detail of care notes in the move to electronic recording. In this regard, all staff we spoke with confirmed the move from paper-based rotas to electronic rotas and the mobile phone system had been managed patiently and with regard to their needs and skills.

An external professional who worked closely with the service told us how they felt staff worked well with them to ensure people's needs were understood in advance of a care package starting. We saw evidence of staff seeking and acting on external advice when people's needs changed or when they felt people's wellbeing or health was deteriorating. The provider had in place a 'Mears Prevention System', whereby staff were encouraged to report and document any changes to key areas of care, such as mobility, speech and skin integrity. Staff awareness in this regard was generally good. The registered manager was also receptive to feedback about recent awareness packages which may help increase staff and relative awareness of such issues, for instance 'React to Red.' This is an NHS campaign aimed at educating as many people as possible about the dangers of pressure ulcers and the simple steps that can be taken to avoid them.

Good

Is the service well-led?

Our findings

At the last inspection we had concerns that governance and auditing arrangements had not adequately identified shortfalls in rota planning and staff deployment. Feedback about the reliability and helpfulness of staff was also mixed. The provider had been in breach of regulation 17 (good governance). At this inspection we found improvements had been made to the oversight of systems and processes. The provider was therefore no longer in breach of the regulations. Feedback from people who used the service and relatives about the reliability of the service and the accountability and approachability of staff at all levels was generally very positive. People told us, "I think the service is very well managed," "I've no complaints – things are satisfactory and I'm quite happy the way things are going," and, "I would recommend it, it's a good service. The managers are approachable." There were a small number of people who stated office staff could be more friendly, but the significant majority of people who used the service and relatives thought this was not an issue.

The registered manager undertook six-monthly audits of medicines records, whilst other senior staff conducted monthly audits. This was in addition to regular competence checks of staff and refresher training. The registered manager also completed a monthly return for the provider having reviewed key information about how the service was performing, including delayed calls, continuity, accidents, incidents and complaints. We found oversight of the service was sound and the registered manager demonstrated a good awareness of the areas they could improve further in future.

Since the last inspection, the registered manager had put an action plan in place which addressed the breaches of legislation found at that inspection. We found this action plan had been reviewed regularly and updated, with responsibility for each action clearly set out and progress documented.

The registered manager was well supported by a team who knew the rota, training and human resources management systems well. They also told us they received strong support from a regional quality manager by way of audits of the work of the branch. The registered manager also attended forums with registered managers from other branches of the organisation and found this helpful in terms of sharing good practice. The registered manager displayed and awareness of elements of best practice and had incorporated some of this into how the service was run. For example, medicines administration and management had been adapted in line with guidance from the National Institute for Health and Care Excellence.

The registered manager was experienced in the care sector and suitably qualified. They continued to use local knowledge and the provider's support systems to try and address areas that may impact on the service's ability to continue to provide a good continuity of care in the future. For example, they had used a 'refer a friend' scheme to encourage staff to recommend the job to others they knew who may be suitable. Likewise, the registered manager had continued to use the Employee of the Month award to reward staff who had gone above and beyond the role. A member of staff at the service had been nominated for the provider's Employee of the Year award, which included the provider's housing organisations. They had won and attended the awards ceremony in London to celebrate. The news of this was displayed in the office and was evidently a source of pride in the service.

Staff told us they were well supported, with regular team meetings and ad hoc support from their line manager. The national provider placed an emphasis on services contributing to society positively and we saw staff had embraced this. They had, for example, arrange coffee mornings and baking events for local and national charities, taken part in Children in Need and volunteering at events.

A key feature of the positive culture was the sharing of compliments with staff who had received them and celebrating them. Staff we spoke with felt the service had improved in the last year. This was in relation to their ability to meet people's needs more consistently and them as staff being able to plan their time more given the reduced amount of late changes to rotas. This feedback was within the context of the service not growing since the last inspection and the registered manager acknowledged there was more to do to ensure a lower turnover of staff. They were able to demonstrate they continued to use a range of means to encourage staff retention.

The registered manager had sent annual surveys to people who used the service. They had also analysed the results and celebrated the largely positive responses, which demonstrated a range of improvements compared to the previous year's results. They had identified four areas which scored lowest and had an action plan in place to make improvements in these areas. People who used the service confirmed the results had been shared with them by the registered manager. This meant people who used the service had their opinions sought about whether there needed to be changes or improvements to the service.

The registered manager had made appropriate notifications to the Commission and was aware of their responsibilities in this regard.