Cumbria County Council

Applethwaite Green

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

This unannounced comprehensive inspection of Applethwaite Green took place on 13 June 2017. This was the first inspection of the service following its registration in October 2015.

Applethwaite Green is located in a residential area of Windermere and is within walking distance of the local shops and amenities. The home provides accommodation up to 28 older people living in three units each with a communal lounge and kitchen/dining area. The ground floor unit provides care and accommodation for people who are living with dementia. There were 21 people living at the home at the time of our inspection.

There was a registered manager in post at the time of the 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.

One person living at Applethwaite Green told us that the home was "safe and clean". We saw that the people who lived there were relaxed and comfortable in the home and with the staff that were supporting them. The atmosphere was informal and inclusive and everyone we spoke with praised the work of the staff that supported them. People who lived there told us they were "safe" and "happy" living in the home. Relatives we asked rated the care in the home as "excellent".

We saw that the staff offered people assistance but respected their independence. We saw that staff took the time to speak with people and took up opportunities to interact with them, engage and offer reassurance if needed. People we spoke with who lived at Applethwaite Green told us that they felt that they were being involved how in how they wanted things done in their home.

We looked at the way medicines were managed and handled in the home. We found that medicines were being administered and records were being kept of the medicines kept in the home. We have made a recommendation about the management of some medicines. We have recommended that a formal risk assessment of the storage areas be done and a formal procedure put in place on maintaining temperatures. This is so all staff involved in the management of medicines know exactly what the registered providers wants them to do to mitigate the risk and the procedure to be followed is in the event of temperatures being unsafe for the storage of the medicines.

People knew how they could complain about the service they received and information on this was displayed in the home. People we spoke with were confident that action would be taken in response to any concerns they raised.

The environment of the home was welcoming and the communal areas had been arranged to make them homely. We found that all areas of the home used by the people living there were clean. People told us they

had a choice of meals, snacks and drinks. The people who lived there told us that the food was good and that they enjoyed their meals. Relatives we spoke with told us that they did not have any concerns about how their relatives were being supported and looked after by the staff in the home.

The care plans and records that we looked at showed that people had been seen by appropriate professionals to help meet their particular physical, nursing and mental health needs. We saw that the assessment and management of risk had been reviewed and updated by staff so that people received appropriate support and treatment.

We saw that there were systems in place to assess the quality of the services provided in the home and a programme to monitor or 'audit 'service provision.

We found that there were safe recruitment procedures and practices in place to help ensure staff who were employed were suitable for their roles. All the staff we spoke with knew the appropriate action to take if they believed someone was at risk of abuse. This had been part of the training staff received to be able to carry out their roles. We saw that care staff had received induction training and on going training and development and had supervision once employed.

The service followed the Mental Capacity Act 2005 Code of practice and Deprivation of Liberty Safeguards. This helped to protect the rights of people who were not able to make important decisions themselves.

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.

There were sufficient staff on duty to support people and the registered manager was aware of the need to review night staff regularly to be able to meet any increases dependency.

Staff understood their responsibility to safeguard people and the action to take if they were concerned about a person's safety.

Records were kept of medicines received and disposed of so all could be accounted for. More formal temperature risk assessment was needed for the medication storage areas.

Is the service effective?

Good

The service was effective.

Staff knew the people who lived there well and worked with other agencies and services to help make sure people got the treatment and support they needed to maintain their health and care needs.

People were having their individual needs and preferences assessed to promote their best interests in line with current legislation.

People had their nutritional needs assessed and had a choice of nutritious meals, drinks and snacks available to them.

Is the service caring?

Good

The service was caring.

People told us that they felt they were well cared for and that staff supported them to live as they wanted. We saw that the staff treated people in a respectful and friendly way.

Staff demonstrated good knowledge about the people they were supporting, for example detailed information on their backgrounds, their likes, dislikes and preferred activities.

We saw that staff engaged positively with people and took up opportunities to interact with them.

Is the service responsive?

Good

The service was responsive.

Assessments of people's need and individual preferences had been undertaken and care plans developed with people to identify their health and support needs. The care plans had been reviewed and updated to reflect changes in needs and preferences.

There was a system in place to receive and handle any complaints or concerns raised.

There were organised activities for people if they wanted to participate. Support was provided to help people to follow their own interests and faiths and to maintain their relationships with friends and relatives.

Is the service well-led?

Good

The service was well-led.

People who lived in the home were asked for their views and ideas on how they wanted their home to be run and their comments were well received.

Quality audits were used to monitor care planning, medication management and service provision. Maintenance checks were being done regularly by staff and records had been kept.

Staff told us they felt supported and listened to by the registered manager.

Applethwaite Green

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 checked 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.

This unannounced comprehensive inspection took place on 13 June 2017. An adult social care inspector and an expert-by-experience carried out the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We spent time speaking with people who lived in the home in the communal areas and spoke with some people in private. We were able to see some people's bedroom and the communal bathrooms.

During the inspection, we spoke with 11 people who lived in the home, four relatives, four of the care staff, a supervisor and the registered manager. We looked at care plans for six people living in the home, their medication records and care plans relating to the use of their medicines. We discussed medicines handling with the staff involved.

Some people living at the home were living with dementia and could not easily give us their views and opinions about their care. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us better understand the experiences of people who could not easily talk with us. It is a useful tool to help us assess the quality of interactions between people who use a service and the staff who support them.

We looked at records relating to the maintenance and management of the service and records of checks being done on how quality of the service provision was being monitored. We also looked at the staff rotas for the previous month and staff recruitment and training records.

Before our inspection, we reviewed the information we held about the service. We looked at the information we held about notifications sent to us about incidents affecting the service and people living there. We looked at the information we held on safeguarding referrals, concerns raised with us and applications the

registered manager had made under Deprivation of Liberty Safeguards (DoLS.

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.

Good

Is the service safe?

Our findings

People who lived at Applethwaite Green, and their relatives, told us that care was delivered in a safe and respectful manner. People we spoke with spoke positively about their home, the support they received and the staff supporting them. One person told us, "I have probably been here about four years and I am safe and happy with my situation. I enjoy the meals and the carers are fine with me.

We spoke with people's relatives as they visited the home. They told us that people were safe in the home and that they had never witnessed anything to concern them. We were told that they had "good" and "easy relationships" with the staff and the management. Relatives we spoke with rated the safety in the home as excellent. We were also told, "It's been a marvellous find. We can go home and know [relative] will be safe and well cared for".

We looked at the way medicines were being correctly managed in the home. We found that records were kept of the quantity of medicines kept in the home and returned to the pharmacy or disposed of. We saw that there were appropriate arrangements in place in relation to the recording of medicines and that records had been signed when medicines had been administered. We counted eight medicines, compared them against the records, and found all they tallied. We saw there were protocols for giving 'as required 'medicines in place. These helped to make sure that people were only given these medicines when they needed them. Monthly audits had been carried out on medication records and these checks had been effective in highlighting errors in records.

We saw that the temperature of the refrigerator, where medicines requiring refrigeration were kept, was being monitored to keep within safe levels. Medicines and medicines trolleys were stored in cupboards. One cupboard was within a bathroom and another off a corridor where the controlled drugs [medicines subject to tighter controls because they are liable to misuse] were also stored. The storage facility was not ideal for storing medicines. The rooms were small and cramped and temperatures in both storage areas was 24 degrees centigrade at the time of the inspection and records indicated this was consistently the case. The safe storage temperature for some of the medicines being stored in these areas was no higher than 25 degrees centigrade.

We asked the registered manager what procedures were in place for staff to take action should the storage temperature rise to 25 degrees or above, as might be the case during hot weather. The registered manager explained that in the bathroom, a window could be opened but this was not the case in the storage off the corridor. We could see that ventilation grill had been put into the doors of the storage rooms to help with temperature control.

We recommended that the service consider current guidance on the safe temperatures for medicines storage and formally risk assess the storage areas in line with good practice so there is a procedure in place. This is so all staff involved in the management of medicines know exactly what the registered providers wants them to do to mitigate the risk and the procedure to be followed is in the event of temperatures being unsafe for the storage of the medicines. At present the registered manager was managing the issue

without any formal guidance.

People living at the home told us that care staff were available to help them when they wanted them. We looked at the staff rotas for the last two months and spoke with staff about the levels of staff available on shifts. The home had some staff vacancies for night duty and sickness and recruitment was underway. There had been times when there had not been three night staff on duty as identified on the rota. The registered manager was aware of the need to review night staff regularly to be able to meet any increases dependency, changing needs and to support personal evacuation plans. The registered manager had taken care not to take more admit any more people with high levels of dependency until staff levels were stable and had not been admitting people for short term or 'respite' care to avoid addition pressures on staffing. At the time of the inspection there was one person who might require two staff for support at night. We saw that they had been reassessed for a transfer nursing care. The registered manager confirmed that it had been agreed internally that they could ask for staff from other homes in the organisation to cover absences if it was needed.

We looked at the risk assessments in place concerning fire safety in the home. We looked at how people would be moved in the event of a fire or emergency. There were contingency plans in place to manage foreseeable emergencies and an overall fire risk assessment for the service. This helped to make sure that people were safe living in the home.

We saw safe recruitment procedures were in place to help ensure staff were suitable for their roles. This included all the required employment background checks and references from previous employers. Staff we asked confirmed that they had received this training and it was up to date. All the staff we spoke with knew the appropriate action to take if they believed someone was at risk of abuse. They were also aware of the procedures for reporting bad practice or 'whistle blowing 'within the organisation. All the staff we spoke with expressed confidence in the management team to follow up any concerns they might raise and that prompt action would be taken to make sure people were kept safe. The records and notifications to CQC indicated that prompt referrals were being made to the relevant agencies where there had been incidents that might put people at risk.

We saw the environment was homely, comfortable. We looked around the home and saw that all areas were clean and fresh and staff had easy access to protective equipment. We saw staff using this equipment appropriately. At a recent internal health and safety audit the need for more hand basins had been identified in the laundry, sluice and in kitchenette areas. The provision and use of these hand washing facilities would improve the infection prevention strategy within the home and reduce the overall infection risk. The audit had also highlighted the need for work to be done on the passenger lift or replacement to meet current standards. This capital expenditure had been agreed to improve the premises in regard to the audit. The home has two infection control key workers within the staff.

People's care plans included risk assessments for moving and handling, mobility, nutrition and the safe use of bedrails. The district nurse had done assessments of people's skin integrity and had advised and supported the care staff on this subject. We observed staff using hoists, wheelchairs and walking aids. These were used safely and appropriately with quiet encouragement to people and explanations from staff. The service had procedures and guidelines for staff to work to about managing infection control. We noted that bedrails in use were subject to annual service under service contracts.

The laundry was clean and had appropriate washing machines and easily cleanable walls and floor. Care staff attended to laundry. There was one door for staff to enter with used linen and leave with clean laundry. Ideally, a laundry should be designed to have a dirty and clean entrance to minimise the risk of

recontamination of linen. In order to try to mitigate recontamination risks the registered manager used a modified 'flow through' system. The used linen to be washed was moved around the laundry to be washed, dried, and moved out when clean to provide a flow through system where the two items did not meet. Given the design of the laundry, this had been done to try to manage the risk and reduce the risk of cross infection as much as possible.

Good

Is the service effective?

Our findings

All the people we spoke with who lived in the home responded positively to questions about the care and support they received. We were told that the food was "good", that they were offered alternative choices at mealtimes. When asked people rated the standard of care as "very good". One person told us, "Everything runs well, the food is good and the staff would notice if I was at all unwell. Personally I think this place is very good". Another person commented, "I can get drinks and a snack anytime and I like the way they run things".

Relatives we spoke with were "confident" that the care staff had the necessary knowledge and skills to look after their relatives. They told us they were kept informed if their relative was unwell and those we spoke with rated the care as "excellent".

We saw that the lunch time meal was a relaxed occasion and staff spoke with and encouraged people as they served or helped them with their meals. We saw that care staff assisted people in an unhurried way and also prompted and encouraged people, where appropriate, with their meals and drinks. The expert by experience had lunch with people who lived in the home. They noted the meal was hot enough and enjoyable and the other diners at the table told us that it always was.

We saw that everyone who lived in the home had a nutritional risk assessment in place and information on any specific dietary needs. We saw that people had their weight monitored for changes so action could be taken if needed. We saw that if someone found it difficult to eat or swallow advice was sought from the dietician or the speech and language therapist (SALT).

Training records indicated that support staff had been given training on nutrition and hydration. We saw that lunch was a relaxed occasion and staff spoke with and encouraged people as they served or helped them with their meals. We saw that care staff assisted people in an unhurried way and also prompted and encouraged people, where appropriate, with their meals and drinks.

Staff that worked at the home told us about the training and support they had received to help them carry out their different roles. We checked the staff training records and observed staff supporting people who used this service to help verify what staff told us. Training records indicated that there was a planned and structured induction. Staff were also being given the opportunity to do a range of training in addition to that required by legislation, for example on diabetes care. A 'theme of the month' had also been developed to help update staff knowledge and focus on good practice. This took a theme or topic and at staff handovers staff were able to revisit topics and refresh their knowledge. This had included making staff aware of the five key questions CQC look at during inspections. Staff had been given information booklets to complete in order to refresh their knowledge regarding the fundamental standards assessed during an inspection. The registered manager told us this was also to help staff be more confident when speaking to inspectors about the standards.

Staff that worked at the home told us about the training and support they had received to help them carry

out their different roles safely. They confirmed they were having regular supervision and appraisal and that they could speak with the registered manager "at any time" if they needed to. We noted that the management team also carried out random observations to monitor how staff interacted with people in the home and that they demonstrated a person centred approach. Staff were given feedback on these observations.

We saw that people could move freely around the home and there was signage in place to support people living with dementia. This provided visual information and prompts to help people to know where facilities like toilets were and to orientate themselves better within the home. Dementia awareness training had been provided for staff to help with understanding the condition and how they could effectively support people in the home who were living with dementia. The staff we spoke with were able to tell us about the needs, interests and personal preferences of the people they were supporting

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act 2005 (MCA).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.

Procedures were in use for assessing a person's decision making capacity. This helped to make sure that any decisions that needed to be taken on a person's behalf were made in their best interests. We looked at care plans to see how decisions had been made around treatment choices and 'do not attempt cardio pulmonary resuscitation' (DNACPR). Staff had received training on the MCA and those we spoke with understood the main principles of the act.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We looked at people's records and saw that the registered manager had applied to relevant supervisory authorities for deprivation of liberty authorisations for people. These authorisations had been requested when it had been necessary to restrict people for their own safety and these were as least restrictive as possible.

We noted that the information around who held Power of Attorney for a person was being recorded so staff knew who had this in place. Powers of Attorney show who has legal authority to make decisions on a person's behalf when they cannot do so themselves and may be for financial and/or care and welfare needs.

We could see in people's care plans that there was effective working with health care professionals and support agencies involved in people's care such as local GPs, community nursing teams and social services. The care plans and records that we looked at showed that people were being seen by appropriate professionals to meet their physical and mental health needs.

Good

Is the service caring?

Our findings

We spoke with people living in the home about how they were cared for and how staff supported them to live as they wanted. We received positive comments about the care and support in the home. People told us that they were always asked how they wanted to be looked after and how they wanted their care to be given. We were told by one person who lived there, "I have been in this home about a year and I have no complaints at all about the care, they [staff] are lovely. Another person told us, "I'm not sure exactly how long I have been here, quite a bit I think. I am very happy with the carers and I like my room. I am just happy as I am and agree that this home is good."

We spoke with a relative who told us "It's an excellent home, my [relative] is very happy so they definitely pass the mum's test". Another relative commented, "I am certain [relative] is well cared for, the staff are brilliant and the home is excellent." Another relative told us "The staff treat everyone with respect and the home is excellent".

We used the Short Observational Framework for inspection, (SOFI) to observe how people who were living with dementia, and who could not easily express their views, were being supported and approached by staff. We observed several caring and appropriate interactions between staff and people living in the home especially when assisting them to move around the home. Staff initiated interactions easily and took up opportunities to engage with people even if only when passing. We noted this level of interaction resulted in some spontaneous activity such as singing and reminiscence. We saw that people who could not easily speak with us were comfortable and relaxed with the staff that were helping them.

We saw that people's privacy was being respected. Staff respected people's privacy by knocking on the doors to private rooms before entering and ensuring doors were kept closed during personal care. People told us that the staff got the doctor when they wanted them. We spoke with one person who had just seen the district nurse in their bedroom and they told us this was always the case and they always saw nursing and medical professionals in private.

Relatives of people who lived at Applethwaite Green told us they could visit anytime of the day or week, there were no restrictions and that they "always" felt welcomed. This meant that people were able to continue maintaining important relationship in their lives. We spoke with some people in their bedrooms and saw these had been made personal places with people's own belongings, such as photographs and ornaments to help them to feel at home with their familiar and valued things.

People had access to advocacy services and independent support should they require or want this. An advocate is a person who is independent of the home and who can come into the home to support a person to share their views and wishes if they want support.

Training records showed that staff had received training on 'dignity in care' and equality and diversity to help them carry out their roles appropriately. Care staff had not received any formal training or guidance on supporting people at the end of life however the records indicated that supervisors had done the 'Six Steps'

end of life care programme through a local hospice in order to enhance their knowledge. This programme aimed to enhance end of life care through supporting staff to develop their roles around end of life care. Care plans contained information about people's care and treatment wishes should their condition deteriorate.

Good

Is the service responsive?

Our findings

People that we spoke with who lived at Applethwaite Green told us that their daily routines were flexible and based around their personal needs and choices. Where possible people were being supported to make their own daily choices and take part in activities outside the home as well as within. One person told us, "I was living on my own and going downhill. I used to love going for long walks and thanks to the way they have looked after me here, I am walking again, although today, I just went out with one of the staff to the post office and to Greggs. I don't bother much with the activities, I would rather go walking".

During the inspection we observed pupils from a local school visiting the home to spend time talking with people living there about their own school experiences in comparison to their own. We were also told about regular visits from another school music group to sing to the people living at the home and also visits from gospel singers from the local church. In this way people were continuing to take part in community activities and keep their local community links.

People told us and we saw from the records, that people were able to follow their own beliefs. There was a monthly religious service for anyone who wanted to participate and people could take holy communion if they wanted to. People were able to see their own priests and ministers who could visit if the person wanted this. One person commented, "I was involved in the local church and was in the choir so I still attend occasionally".

People commented positively on the activities within the home. We were told, "I am quite happy here, my wife is in as well and we are both well looked after. I enjoy the food and some of the activities. We get some good singers, I like music and play two instruments myself. I think this place is very good".

People told us that they could take part in organised activities as they wanted to and did not feel they had to attend if they did not want to. People who lived there told us that staff respected their wishes in this respect. One person told us, "I think I have been here some months and I tend to keep to myself. The staff are very good with me but I follow my own interests and prefer to eat in my room". Another said, "I am not interested in the activities and I don' bother with TV or the radio".

Information on people's preferred social, recreational and religious preferences were recorded in people's individual care plans along with life stories and background information. Staff we spoke with had a good understanding of people's backgrounds and lives and this helped them to give support and be more aware of things that might cause people to worry or upset them.

One person living at Applethwaite Green told us, "I am happy with the way they look after me here and don't need to know the names of the senior people as I have nothing to complain about. I do enjoy the activities they arrange". People we spoke with told us they had no reason to make a complaint at present but would be comfortable telling senior staff if they did. One person said, "I am a very independent person and I chose to come in here myself. It is very good. I have no complaints and no problems with any of the staff".

A relative commented to us, that they felt included in the care planning and had "no concerns about the service" and had never needed to raise any. There was a system in place for logging complaints received and a record of what had been done in response. Staff said they felt able to raise any concerns with the registered manager and that they felt able to suggest ideas for improvement.

Care plans for people were being focused upon the needs of the individual and had been agreed with them. Records indicated that people had access to health care professionals to meet their individual health care needs. Assessments of individual needs and risks had been undertaken to help identify people's support needs. Care plans were developed detailing how these should be met by staff. We saw that care plans were being reviewed and updated to show where people's needs had changed so that staff knew what kind of support people required. For example, changes in a person's behaviour and resulting medication changes that had been followed up with the appropriate services. We saw records in the care plans of the involvement of the district nursing team and mental health team, the GP, dietician, optician, chiropodist and social services. We also noted personal care preferences had been updated when people's preferences had changed such as a person wanting to alter their routine to have a bath after their breakfast.

Good

Is the service well-led?

Our findings

People we spoke with who lived at Applethwaite Green told us that they felt that they were being involved how in how they wanted things done in their home. They told us about the meetings held in the home for them to attend to discuss what went in in the home and give feedback. Only one person we spoke with said they had not been involved in the 'residents meetings'. One person told us they had attended the last meeting and that "Because everything runs so well, the changes tend to be limited to menu items and outings".

Everyone we spoke with told us that staff treated them and their visitors with respect and that the management set high standards. When we asked people how they rated how well the home was run they told us it was "good" and "very good". One person told us, "I am not sure about bothering with the activities but I certainly do think the management is very good."

Visiting relatives we asked told us that that the information and feedback they received from the service was good. We were also told that the culture in the home seemed "pleasant and relaxed" and that staff treated everyone respectfully. They told us that they saw the registered manager regularly, knew them well and rated their running of the home "excellent".

A relative told us, "My relative has been here for 16 months and does seem to be enjoying it. [Relative] gets involved in the meetings and always has something to say, as I do myself. I like the culture here it's relaxed and restful". We were told by another "I visit often and see what goes on. [Registered manager] runs a tight ship".

At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. We found there was a clear management and organisational structure within the home. The staff we spoke with were aware of the roles of the management team and of their own responsibilities. They told us they enjoyed working in the home and showed a commitment to providing a good quality service for people who they supported. Staff we spoke with told us they felt the registered manager listened to them and that they had regular staff meetings to promote good communication and discussion.

We saw that there were systems in place to assess the quality of the services in the home. There was a programme to monitor or 'audit 'service provision. Care plans and medication audits were done regularly and recruitment records and environmental checks. The registered provider carried out internal audits and we saw evidence of this for medication, fire procedures, health and safety and environmental checks. Procedures and monitoring arrangements were being followed in the event of accidents and incidents relating to people's care. There were also regular visits from the operations manager for the service who carried out their own checks and monitored the internal audits. Maintenance checks were being done regularly by staff and records kept. There were cleaning records to help make sure the premises and equipment were clean and safe to use.

The registered manager told us in their PIR that that there aim was to "Maintain their current safe administration of medication process that has already much improved. A recent unannounced medication audit had been done by internal auditors following previous medication errors. This audit identified "Amazing improvements" in medication management and the management of creams was "Much better". We saw that this was still the case.

Satisfaction surveys were done annually with people who lived there and their families. People had been asked to comment on all aspects of service provision. Comments were made in the survey about the home having more activities and this was being addressed.

We could see that the manager was monitoring risk and taking action where they could to mitigate it. We saw that incidents and accidents had been recorded and followed up with appropriate agencies or individuals and, if required, CQC had been notified.