

Learning Disabilities Care (Dover) Limited

Little Glen

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 

Overall summary

This unannounced inspection took place on 15 December 2015.

The service is registered to provide accommodation and personal care for up to three people who have learning disabilities. The premises are an end of terrace house in a residential street, about a mile from Dover town centre. On the ground floor there is a lounge dining room, kitchen, a shower room with a toilet and one of the bedrooms. The other two bedrooms are situated upstairs;

each having a bathroom close by and there is also an office. There is a small garden at the back of the property. At the time of the inspection three people were living at the service.

This service had a registered manager in post. A registered manager is a person who is 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.

Summary of findings

People told us they felt safe living at the service. There were detailed risk assessments in place for each person who received care. The assessments identified people's specific needs, and measures were in place to reduce the risks, without restricting people's activities or their lifestyles.

There were effective systems to safeguard people from harm. Staff knew what action to take in the event of any suspicion of abuse. They were also aware of the whistle blowing policy and were confident that if they raised concerns the provider would take the necessary action to protect the people living at the service.

There were systems to review accidents and incidents, and make any relevant improvements to reduce the risk of them happening again. Plans were in place in the event of an emergency and people had personal evacuation plans in the event of a fire. Checks on the equipment and the environment were carried out regularly to make sure the premises were safe. There was a plan in place to re-decorate and replace some flooring in 2016, and routine maintenance was carried out on a regular basis.

There were enough staff to make sure that people's needs were met. Additional staff were on duty throughout the day to ensure that people were supported to enjoy activities of their choice. Staff were trained, and supervised to ensure they had the right skills and knowledge to provide the support and care people needed. People were protected by robust recruitment procedures to ensure that staff were of good character and suitable for their job roles. New staff were given a detailed induction, and completed a probationary period to make sure they were suitable to work with people.. The on-going training programme ensured that staff had the right skills, knowledge and competencies to carry out their roles. Each member of staff had received an annual appraisal to discuss and agree their ongoing training and development needs.

People's needs were assessed and their preferences taken into account when they moved into the service. New people were given time to get to know people living at the service and staff in order to settle into the service. Care and support plans were designed around people's individual interests and needs. These were written in a way people could understand and included pictures and photos.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The registered manager and staff showed they understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Mental capacity assessments had been carried out to determine people's level of capacity to make decisions in their day to day lives and for more complex decisions when needed. DoLS authorisations were in place for people who needed constant supervision because of their disabilities. Guidelines were being followed by staff to ensure there were no unnecessary restrictions to people's lifestyles.

Staff supported people with their health care needs and when it was necessary, health care

professionals were involved to make sure people remained as healthy as possible. People were encouraged and supported to have a nutritious and healthy diet. Medicines were managed safely and stored securely.

People said they liked the food. They were involved in the menu planning and also went shopping to buy the food. People had their weight monitored and if they needed further support with their dietary needs they were seen by a dietician to make sure they continued to receive a healthy diet.

There was a strong emphasis on person centred care and care plans covered people's preferred daily routines and lifestyle. People talked about their support plans and showed they were involved in the planning of their care. The plans were reviewed on a regular basis so that staff had the current guidance to meet people's changing needs. The registered manager ensured that staff had a full understanding of people's support needs and had the skills and knowledge to meet them. Staff skills and knowledge was monitored to make sure they knew people well and how to support them in a way that suited them best. The staff were flexible and adapted to meet people's changing needs.. They supported people to follow their own pathway and reach new goals.

People were treated with kindness and compassion. The staff positively supported people, treating them with dignity and respect to enable them to plan activities and events to enrich their lifestyle. Staff knew the people well and encouraged them to enjoy their social lives and meet

Summary of findings

with their family and friends regularly. People were able to express their opinions and were encouraged and supported to access the local and wider community. People told us, and we observed that people's privacy was respected. Staff were kind and patient in their approach. They knew people well and had developed good relationships with them.

Feedback about the service was gathered from people, their relatives, staff and other stakeholders. Their opinions had been summarised and analysed to promote and drive improvements within the service. Staff told us that the service was well led and that the management team were very supportive.

Comprehensive quality monitoring was in place with detailed checks regularly undertaken to identify any shortfalls and how the service could be continuously improved. There was a culture of openness and inclusion within the service.

People told us they did not have any complaints but would speak with staff if they were upset or something was wrong. There were systems in place to investigate and respond to people's complaints. The complaints procedure was also in an easy read picture format to ensure that people were able to understand the process.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People were protected from abuse. Staff had received training and understood how to keep people safe and protected from harm.

Risks associated with people's care and support had been assessed, and necessary steps were taken to keep people safe, whilst enabling their independence.

Staffing levels were flexible and determined by people's needs. Safety checks and a thorough recruitment procedure made sure that staff were suitable and safe to work at the service.

People were supported to take their medicines safely.

Good



Is the service effective?

The service was effective.

People were given the support they needed to make day to day decisions and other important decisions about their lifestyle. They were involved in the planning of their care and gave consent to the care they received.

Staff received the necessary training they needed to have the skills and knowledge to support people and understand their needs. Staff had regular meetings with their line manager and a yearly appraisal to discuss their learning and development needs.

Staff were knowledgeable about people's health needs and ensured these were met.

People were supported to have an active and healthy lifestyle. Mealtimes were social occasions, and people were supported to eat a varied and healthy diet.

Good



Is the service caring?

The service was caring.

The management team and staff were committed to a strong person centred culture. People were treated with kindness and affection, and staff responded quickly to their requests for support.

Staff knew people well and knew how they preferred to be supported. People's privacy and dignity was maintained and staff understood and respected people's preferences.

People were supported by their family to be involved in planning their care. Staff promoted people's independence and encouraged them to do as much for themselves as they were able to.

People's families and friends were encouraged to visit at any time and were made welcome.

Good



Is the service responsive?

The service was responsive.

People received care that was responsive to their needs. The care plans were person centred, regularly reviewed and updated, to make sure people's changing needs were always fully met.

Good



Summary of findings

People were supported in carrying out their preferred lifestyles and in taking part in activities of their choice.

People did not have any concerns and there had been no complaints raised. People could raise concerns and complaints and trusted that the staff would listen to them and take the required action to resolve any issues.

Is the service well-led?

The service was well led.

The registered manager led and supported the staff in providing compassionate personalised care for people, and in providing a culture of openness and transparency.

Regular audits and checks were undertaken at the service to make sure it was safe and running effectively. There was a commitment to listening to people's views and making improvements to the service.

The staff were aware of the service's ethos for caring for people as individuals and putting the people first.

The staff said they were very well supported by the management team and the organisation. Staff told us that the manager was open and approachable and always available to provide support or guidance.

Good



Little Glen

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.

This inspection took place on 15 December 2015 and was carried out by one inspector. This was because the service was small and it was decided that that additional inspection staff would be intrusive to people's daily routines.

We gathered and reviewed information about the service before the inspection. The provider had 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. We checked for any notifications we had received from the provider. This is information about important events that the provider is required to send us by law.

The management team consisted of the registered manager, the manager of care and deputy manager. The registered manager was not in attendance at the time of the inspection. The service was run on a day to day basis by a manager of care who was supported by a deputy manager. There were lines of accountability and staff each had a line manager. We spoke with the manager of care at the service and other members of the management team at the organisation's head office. At the service we spoke with three people and two staff members. We looked at the care and support records for three people and also looked at management and staffing records. One person gave us a tour of the premises which included their bedroom. We observed how staff spoke with and engaged with people and spent time to get a feel for what it was like in the home.

We contacted two health care professionals for feedback about the service but at the time of writing this report we had not received any response.

We last inspected Little Glen on 2 December 2014 when no concerns were identified.

Is the service safe?

Our findings

People said that they felt safe in the service. People said: “Yes I feel safe, I trust the staff”.

People said that if they were not happy, or something was wrong, they would speak with staff or the manager on duty, who would listen to them and take any required action to protect them. Staff had received training on how to keep people safe and explained how they would recognise and report abuse. The management team and staff were familiar with the process to follow if any abuse was suspected and knew about the local authority safeguarding protocols. Staff were aware of the whistle blowing policy and said they would not hesitate to report any concerns to the management team. Staff explained that they had built up good relationships with the people they supported and would recognise signs through behaviours and body language, if people were upset or unhappy.

People were protected from financial abuse. There were procedures in place to help people manage their money as independently as possible. People's monies and what they spent was monitored and accounted for. People had budget plans in their support plans and had easy access to their money when they needed it. One person told us how staff support them to go to the bank.

Potential risks to people in their everyday lives had been identified, such as risks relating to personal care, smoking, accessing social media, going out in the community and monitoring their health. Each risk had been assessed in relation to the impact that it had on each person. The risks were recorded and managed so that people were enabled and supported. Staff supported people positively with their specific behaviours, which were clearly recorded in their individual support plans. There was clear information to show staff what may trigger behaviour and staff were aware of the strategies to minimise any future occurrence.

Accidents and incidents involving people and staff were recorded, investigated and appropriate measures put in place to reduce such incidents. The information was then sent to the head office where the health and safety team analysed the information to look for patterns or trends to reduce the risks of them happening again.

The staff carried out regular health and safety checks of the environment and equipment, including the fire alarm system. Plans were in place in the event of an emergency,

such as fire, and fire drills had been carried out to make sure everyone knew what to do in the event of a fire.

People's safety in the event of an emergency had been carefully considered and recorded. Each person had a personal emergency evacuation plan (PEEP) to ensure they were supported to evacuate the premises in the event of an emergency.

People told us that staff were available whenever they needed them. Staff told us there was

enough staff available throughout the day and night to make sure people received the care and support that they needed. There were arrangements in place to make sure there was extra staff available in an emergency and to cover for any unexpected shortfalls, like staff sickness. Staffing levels were consistent and assessed to make sure people were supported with their activities and daily routines. One to one staff support was provided when people needed it. During the inspection staff supported people to manage their daily routines, and take part in the activities of their choice.

Recruitment practices were robust and all of the relevant checks were carried out to make sure staff were suitable to work with people who needed care and support. This included completing an application form, evidence of a Disclosure and Barring Service (DBS) check having been undertaken, proof of the person's identity and evidence of their conduct in previous employments. The DBS checks a person's criminal background. People were invited to be part of the interview process if they wished to be involved in the recruitment process. Staff had to complete a six month probation period to ensure they had the right qualities and skills to work at the service. There was a clear disciplinary procedure in place should unsafe practices be identified.

Medicines were managed safely. All medicines were stored securely and appropriate arrangements were in place for obtaining, recording, administering and disposing of prescribed medicines. Clear records were kept of all medicines given. People told us that they received their medicine when they needed it. People had their medicines reviewed and updated annually by their doctor, to confirm they were receiving the correct medicines.

Records showed that medicines had been administered as instructed by the person's doctor. There were systems in place to make sure people were able to take their

Is the service safe?

medicines with them when they went out for the day, or went to stay with family. At the time of the inspection there was no medicine which needed cool storage and room temperatures were checked daily to ensure medicines were stored at the correct temperatures. Checks were made every time people received their medicines to make sure

people had been given their medicines correctly and when they needed them. Some people were given medicines on a 'when required basis', such as pain relief. There was written guidance for each person who needed 'when required medicines' in their support plan to make sure they were given their medicines consistently and safely.

Is the service effective?

Our findings

People were cheerful and spoke positively about how they were supported by the staff. They told us they were able to speak with staff at any time and spoke positively about their home and the staff who supported them. They told us they received the right amount of support and felt that staff supported them well.

Staff had completed training courses relevant to their role, including health and safety, first aid awareness, infection control and basic food hygiene. These were linked to the care certificate, (an identified set of standards that health and social care workers adhere to in their daily working life). One person told us that they thought the staff knew what they were doing, and were well trained

Staff were always encouraged to develop their skills and competencies. All of the staff had completed, or were currently undertaking vocational qualifications in health and social care. These are work based awards that are achieved through assessment and training. To achieve a vocational qualification candidate must prove that they have the competence to carry out their job to the required standard.

Staff told us that they were supported by the management team. They said they were listened to and were given the support and help they needed. They received regular one to one meetings with their line manager to support them to do their jobs effectively. This gave staff the opportunity to discuss any issues or concerns they had about caring and supporting people. Staff confirmed they had an annual appraisal with their line manager to look at their performance, and discuss their learning and development needs.

New staff received induction training, which provided them with essential information about their duties and job roles. This included shadowing an experienced worker until the member of staff was assessed as competent to work unsupervised. Staff were monitored and supported closely during their induction period, the senior staff met with them weekly on a one to one basis to ensure they had the support they needed.

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 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. There was one person who had a DoLs in place. The conditions on authorisations to deprive a person of their liberty were being met. Authorisation had been sought from the local authority and the support plans clearly showed that the assessments and decisions had been made properly and plans were in place to support people in the least restrictive way. Staff told us that they supported people to make their decisions by giving them time to understand the situation.

All staff had received training in the Mental Capacity Act and DoLs. Staff understood and had a good working knowledge of the key requirements of the Mental Capacity Act 2005. They put

these into practice effectively, and ensured people's human and legal rights were respected. They had received MCA training to make sure they supported people in the right way to make their decisions. The support plans confirmed that staff sought the person's consent prior to delivering care.

People's health needs were recorded in detail. When people had to attend health appointments, they were supported by staff that knew them well, and who would be able to support them to make their needs known to healthcare professionals. All appointments with professionals, such as doctors, opticians, dentists and chiropodists had been recorded to include any outcome. One person was being supported by a learning disability nurse on a regular basis. Decisions were respected if people choose not to following guidance to improve their mobility and regular reviews of their medicines had been carried out to continually monitor their health care needs.

People were involved in planning the menus, buying food and preparing parts of the meal. People were observed

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choosing and getting their breakfast, and the drinks they had chosen. They were encouraged to be involved in preparing their meals and had access to the kitchen at all times.

People's weight was regularly monitored and if staff identified any concern the dietician was involved to obtain

additional guidance to remain as healthy as possible. People told us they liked the food and discussed the menu on a weekly basis. People often went out to eat in restaurants and local cafés.

Is the service caring?

Our findings

People told us the staff were good and they liked the staff. They said: “There are lots of good staff here”. “I like living here”.

Relatives commented on a recent quality survey form. They said: “The present staff are excellent, well done”. “My relative is well looked after and very happy, they like the staff”.

We observed that staff were caring and kind and made sure people received the care and support they needed. Staff said: “We really care about the people; we give good care every day, trying to make their lives better”. “We treat people as individuals and respect their privacy and dignity”.

All staff signed to confirm they had read people’s individual support plans and risk assessments so that they had a good understating of peoples’ needs. As part of their induction training all new staff completed information about the people they were caring for. This helped to demonstrate that they had got to know them, understood their care and support needs, whilst taking into account their preferences and wishes.

Each person had a detailed ‘pen picture’ of their life. This included what was most important to them. Staff knew the people well and were able to chat about their interests and personal life, including family and friends. We observed staff supporting people positively to reduce their anxiety. They took time to explain what they were saying until people understood and remained calm. Staff and people talked about how they were looking forward to going to the Christmas party and other planned events, such as horse riding. There was lots of discussion about going food shopping, and what people were deciding to do with their day. such as going to the head office in Folkestone. The registered manager and senior staff shared an on call system so they were available out of hours to give advice and support at any time if needed.

People were encouraged to work together at the service to do daily tasks, like laundry, tidying up, and preparing meals and drinks. Staff supported people in a way that they preferred and had chosen. There was a relaxed atmosphere in the service and we observed good humoured exchanges between people and staff. People were comfortable with the staff and chatted to each other in a homely

environment. The staff were polite, respectful and positive in their approach and there was an atmosphere of equal value and caring for each other’s wellbeing, and there were no barriers between staff and people.

People were encouraged to live meaningful lives and staff were supporting them to try out new activities and improve their independence skills, to have more control over their lives. Some people had requested to go on an IT course and join a drama club. The staff were in the process of trying to access these activities. Staff said people knew what they wanted to do, and liked to remain as independent as possible. They told us that they worked with people over long periods of time to develop their skills and independence to move out of residential care and into a supported living environment.

People were able to choose where they spent their time, for example, in their bedroom or the communal areas. People told us they had a key to their room and the front door. They said they spent time in their room when they wanted to. One person showed us their bedroom and their personal belongings. They told us they liked their bedroom, which was personalised with their own choices.

Advocacy services and independent mental capacity advocates (IMCA) were available to people if they wanted them to be involved. An advocate is someone who supports a person to make sure their views are heard and their rights upheld. No one at the service was being supported by an advocate at the time of the inspection.

People told us how they visited their family and kept in contact with their friends. They were supported to have as much contact with family and friends as they wanted to. People told us how they were looking forward to going home for Christmas and the plans they had made. Family and visitors were able to visit the service and there was no restriction on when they could call to see them.

The service was a member of Dignity in Care, which is an organisation who works to put dignity and respect at the heart of care services, to enable a positive experience for people receiving care. Some staff were ‘dignity champions’ to ensure that people’s privacy and dignity was maintained at all times. People told us that staff respected their privacy and dignity.

We overheard staff asking people if they were ‘OK’ or needed anything. People were asked what gender of staff they preferred to support them with their personal care and

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their decisions were respected. People chose what they wished to wear each day and told us they decided what time they went to bed and got up in the morning. They were supported with their personal care, appearance, and clothing style that suited them and was appropriate for the activity and weather conditions.

Staff were aware of the need to keep people's personal information confidential and records were stored securely.

Is the service responsive?

Our findings

People told us they received the care and support that they needed, when they wanted it. Staff told us how the care was flexible as they worked around the people's preferences and wishes on a daily basis.

People that had recently moved into the service told us that they liked living there and staff supported them well. People's needs were assessed before moving into the service with the involvement of the person, their relatives, health professionals, and the person's funding authority. One person told us how they had visited the service before deciding to move in. They said they met the staff and other people living there and staff asked them lots of questions about their care. From this information an individual care plan was developed to give staff the guidance and information they needed to look after the person in the way that suited them best. There was also a 'pen picture' in each person's support plan, explaining their lifestyle before moving to the service, and the things that were most important to them. This gave a good background for staff to get to know the person well, so that people had as much control of their lives as possible.

People received consistent, personalised care and support. People had been involved in developing their care plan. Some pictures and photographs had been used to make them more meaningful. People's preferences of how they received their personal care were personalised to their wishes. They detailed what they could do for themselves and when they needed support from staff. Regular reviews of the care were in place and the plans had been updated with people's current needs. People knew about their plans and were familiar with the contents. The plans reflected the care and support the staff were providing.

People living at Little Glen were supported to be involved in the running of the service. There were regular meetings to discuss the service, such as activities and menus. People were encouraged to visit the organisations head office where they were supported to participate in jobs such as shredding paper or photocopying. Each person had a range

of activities that staff supported them with, at and outside of the service. One person told us how they had their feet massaged and enjoyed the experience. There was a flexible activity programme, which was tailored to each person's preferences. People told us how they enjoyed horse riding and volunteered to work at the stable to groom the horses.

Activities included going to the local shops, gym, bowling, shopping, reflexology, day trips, going out for meals, and other organised community activities. One person told us how they enjoyed gardening and they had a small greenhouse in the garden where they had grown strawberries in the summer. People who wanted to go on holiday were being supported to do so.

Contact details of people who were important, were written in each person's care and support plan. People were encouraged to keep in touch with all their friends and family. We observed one person talking with their relatives on their mobile phone. They told us that their relative phoned regularly to chat or make arrangements to visit. There were regular social events such as coffee mornings, arranged by people to meet friends and socialise.

Each person was given a tailored quality assurance survey, using a pictorial format, which was based on their individual choices, such as their interests, likes, dislikes and daily routines. The service wanted to generate a meaningful response from each individual about what was important to them and what could be done to improve the service.

The complaints procedure was available to people and written in a format that people could understand. There were systems in place to ensure that any complaints were responded to appropriately, however there had been no complaints received this year. There was guidance in the support plans about people's daily lives and indicators of what to look for should they be unhappy or upset, to make sure they were being positively supported. One person told us how they would speak to staff if they felt something was wrong. They said they would ask to see them privately to have a quiet word.

Is the service well-led?

Our findings

The service's values and philosophy were clearly explained to staff through their induction programme. The company had a clear core value: "Everyone is unique and every day is special". The management team demonstrated their commitment to implementing these values, by putting people at the centre when planning, delivering, maintaining and improving the service they provided. People were actively encouraged to be involved in running the service and live their lives to their full potential.

Staff understood the visions and values of the organisation and told us that people were at the centre of the service and everything revolved around their needs and wishes. The staff and management worked well together as a team. They promoted an open culture by making themselves accessible to people and available to listen to their views. Staff felt the service was well led and there was always a member of the management team available to give practical support and assistance if required. They told us staff morale was high and they spoke with pride about how they supported people to live meaningful lives. Staff said: "The support we get from the management team is brilliant". "The managers are approachable and receptive to new ideas; this is an open and transparent organisation, a very supportive company".

Staff were encouraged to develop professionally to continually improve their skills, knowledge and abilities. They were supported by the management team to achieve further qualifications, and understood their role and responsibilities.

People, their relatives, health care professionals and staff were asked for their feedback about the service on a regular basis. A variety of methods was used to gain people's views, including sending out surveys and during the regular meetings that took place. Responses had all been positive about the service and this demonstrated that they were very satisfied with the care being provided.

Staff were encouraged to feedback their views on the service through staff surveys, meetings and individual meetings with their line managers. The management team ensured that staff were valued and recognised for good

practice. Staff were recognised for their good practice through letters of thanks from the registered manager and this positive result was acknowledged in the staff monthly newsletter.

The service had links with local and national organisations to develop their practice and ensure they provided services in line with current guidelines, for example 'Kent Challenging Behaviour Network'. (An organisation which shares information and good practice for those working with individuals who have learning disabilities and exhibit challenging behaviour). The registered manager also told us that they worked well with the local authority, who at times would call on the service to cover emergency placements. They also attended meetings with the local authority to update their practice.

The registered manager understood relevant legislation and the importance of keeping their skills and knowledge up to date. All of the management team in the organisation were committed to continuous professional development (CPD) to ensure effective leadership of the organisation. There was a clear plan in place, which identified timescales of when managers needed to achieve their goals.

The training programme was updated in line with people's needs. They had recognised that some of the people may be living with dementia in the future and they were currently arranging training for staff to ensure they had an understanding of this condition. Specialist training in strokes and skin viability was also being developed to ensure that the staff had the skills to care for people who may develop additional care needs.

Audits were carried out to monitor the quality of the service and to identify how the service could be improved. The daily, weekly or monthly audits looked at records that were kept to monitor the care and support people received, such as personal finances, medicines, records of food and menus and daily reports made by support staff. Health and safety checks were carried out regularly and accidents and incidents were summarised to look for patterns and trends to reduce the risk of further occurrence.

Staff signed to confirm they had read policies and procedures, which together with the staff handbook, were updated on a regular basis. Staff received memos or were updated through their one to one line manager meetings, if there were changes in the service.

Is the service well-led?

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of

important events that happen in the service. CQC check that appropriate action had been taken. The register manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.