

Chanctonbury Healthcare (Weymouth) Limited

Weymouth Manor

Inspection report

Radipole Lane
Weymouth
DT4 0TX

Website: www.chanctonbury-care.com

Date of inspection visit:
06 July 2023
12 July 2023

Date of publication:
07 August 2023

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

Weymouth Manor is a care home with nursing which provides care and support for up to 66 mainly older people. People at Weymouth Manor had physical health needs and or were living with dementia. At the time of this inspection there were 32 people living at Weymouth Manor.

Weymouth Manor is a new purpose-built home in a residential area of Weymouth. Accommodation is over three floors with a range of communal facilities and a secure garden area.

People's experience of using this service and what we found

People felt safe at the service and both people and relatives expressed their confidence in the whole staff team. Comments included, "If I was to recommend Weymouth Manor I would say you can't go wrong, they care. If I was to go anywhere it would be there." And "The management team always stop and chat with us. They go round and talk to every resident to make sure everything is ok. The ethos starts at the top and goes all the way through."

Staff were clear about how to safeguard people from avoidable harm and safeguarding concerns were referred and investigated appropriately. People received their medicines safely. Infection control processes protected people from the risk of infection. Accident and incidents were managed safely. The registered manager had robust oversight of accidents and incidents and used this information to drive service improvements.

There were sufficient staff to meet people's needs and provide appropriate care and support. Safe recruitment practices were followed, and staff were suitably trained and supported to enable them to understand and meet people's needs.

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

People's health and wellbeing was monitored, and people benefitted from the good working relationships established with health and social care professionals. People enjoyed mealtimes and were supported to meet their nutritional needs. People told us they received a varied and balanced diet in line with their personal choices.

People were supported in a respectful and dignified way; their privacy was respected and their independence was promoted. Meaningful activities and events were provided for people to take part in, both individually and in groups, and they were supported to maintain relationships with the people that mattered to them.

People and relatives described a welcoming and friendly environment and visitors said they always received a warm welcome.

People, relatives and staff felt safe to raise any concerns or complaints with the registered manager and senior team.

The provider and registered manager monitored the quality and safety of the service and identified areas which could be improved.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk.

Last rating and update

This service was registered with us on 14 December 2022 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about the care people received. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe, effective and responsive sections of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below

Good ●

Weymouth Manor

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Weymouth Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. This included information gathered from the local authority quality monitoring team.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We visited Weymouth Manor on the 6 July and the 12 July 2023.

During our visits we spoke with 12 people who used the service about their experience of the care provided and a visiting relative. We spoke with 10 members of staff including the registered manager, senior staff, care staff, and the chef.

We reviewed a range of records. This included 6 people's care records and medication records. We looked at 3 staff files in relation to recruitment and staff supervision. We also reviewed a variety of records relating to the management of the service, including policies and procedures, health and safety records, staff rosters, audits and meeting minutes.

We spoke on the telephone to 13 relatives. We received further feedback from 4 staff members and 3 health care professionals about their experience of Weymouth Manor.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good .

This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Prior to the inspection we had received a concern around staffing levels. We found that staffing levels reflected the needs of people and people told us staff were available when they needed them. One person told us, "If you press the buzzer they are here within a couple of minutes." Another person said, "I press the bell and they come."
- Relatives told us they felt there were enough staff on duty to meet people's needs. Comments included, "It would appear there are enough staff, there are always plenty around.", "Yes there is enough staff. He has a call bell and it is answered very quickly." and "There seems to be enough staff. Dad needs two carers to support him and there is never a problem finding staff to assist him, they are always on hand and very attentive."
- Rosters confirmed sufficient staff were on duty to meet people's current needs.
- The recruitment practices were safe and necessary pre-employment checks had been completed to ensure prospective staff were suitable for employment in the care sector. We noted the provider's application forms had not been cross referenced with the employment history provided by a recruitment agency. This meant discrepancies had not been checked to ensure they were recording errors. The registered manager told us they would address this immediately and these checks would now be carried out.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Prior to our inspection we had received information that the risks people faced were not being safely managed. We found staff knew how to support people to reduce the risks they faced. One staff member told us, " I feel like I have been given enough information about risks to people... using equipment correctly and providing the safest care possible." Another member of staff said, "The care plans are robust and risk assessments are updated monthly unless something needs changing before."
- People and relatives spoke positively about the way risks were managed. One relative told us, "[Person] is very safe, far safer than at home."
- Risks to people's safety and wellbeing were assessed and managed. Each person's care records included risk assessments considering risks such as the risks associated with mobility, receiving adequate nutrition and hydration and social isolation. There were plans in place to address these risks. This meant staff had guidance detailing how to manage people's care safely.
- Staff recorded any accidents or incidents appropriately. The senior team reviewed all accident and incident records and ensured action was taken to minimise future risks for people and staff. Where appropriate learning was shared with the staff team.
- Equipment and utilities were checked appropriately to ensure they were safe to use.

- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency. Drills had been carried out to put these plans into practice for staff.

Systems and processes to safeguard people from the risk from abuse

- People told us they were happy living at the service and told us they felt safe. Relatives were confident family members were well cared for and were safe. Comments included, "They are all great. We are relaxed about it (the person living in the home)."
- The provider had effective systems in place to protect people from abuse and staff were confident in their understanding of what to do to make sure people were protected from harm and how to report any concerns they had appropriately.
- The registered manager and senior team understood their responsibilities to raise safeguarding concerns with the local authority to protect people and had notified CQC appropriately of concerns.

Using medicines safely

- Medicines were managed safely to ensure people received them as prescribed. Staff were trained in medicines management and had regular competency checks to ensure safe practice.
- There were suitable arrangements for ordering, receiving, storing and disposal of medicines.
- When medicines were prescribed to be given 'when required', protocols had been written to guide staff when it would be appropriate to give these medicines. These protocols were specific to each person and reflected their individual needs.
- Medicines audits were completed on a regular basis. This meant any improvements that may be required would be identified and appropriate actions taken.

Preventing and controlling infection including the cleanliness of premises

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- Relatives, people and staff confirmed the service was supporting visits from families and friends.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection of this newly registered service. This key question has been rated good .

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People and relatives were complimentary about the assessment and admission process for their family member to move into Weymouth Manor as a permanent resident. We saw assessments were carried out and people were asked about their preferences to inform their care plans.
- The needs assessments included information about people's cultural and religious backgrounds to help ensure people's cultural needs were identified and could be met.
- People's needs were assessed prior to their admission to the service so they could confirm the service was able to meet individual needs safely and effectively. Some of the people staying in the home were being cared for as part of a Discharge to Assess scheme (D2A). This is a scheme that offers people who are medically fit enough to leave hospital to continue with therapy and recovery in a care home setting . This scheme had been running in the home since May 2023 and improvements had been made to the way assessments were carried out to ensure the home could meet people's needs.
- The personal care needs of people arriving through the D2A scheme were not being assessed effectively on the first day of our inspection. Three people commented that they had not received appropriate support. We discussed this with the registered manager, and they addressed the issues identified immediately and put an auditing tool in place so that this experience would not be repeated.

Staff support, training, skills and experience

- People received effective care and treatment from staff who had the relevant qualifications and skills to meet their needs. People and relatives were complimentary of staff and their skills. One relative told us, "The staff are great. They all do their best."
- Staff new to the care sector were supported to complete induction training in line with the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. Staff described the learning opportunities and shadow shifts that formed their induction. They told us this was a supportive process.
- Staff consistently told us they felt supported by the senior team and had access to a range of training to support them in their roles. Comments included, "Our training is very good at Weymouth Manor it's all online and if we need any support the other (staff) are there for support "and "I think we get enough training. We have online training and before we started had first aid, fire training, health and safety training they were face to face which I think is better than online."
- There was a system in place to monitor training to ensure staff were kept up to date with best practice.

Supporting people to eat and drink enough to maintain a balanced diet

- Most people spoke highly of the food. Comments included, "The food is great, and I can ask for something different if I don't like (the menu options)" and "I enjoy the food." Relatives were also positive about the food and people's choices. One relative said, "The food is good; it is a balanced diet and well cooked. [Person] asked for dried milk for [their] hot drinks and that was provided."
- Most people had been asked about their food preferences and regular meetings were held between people living in the home and the chef to discuss menu options. One person, who had remained in their room to eat, commented they did not have condiments available. This was highlighted to the member of staff serving and rectified. This person had been staying on the D2A scheme for 3 days but had not been asked about their food preferences and told inspectors they liked their food well-seasoned.
- Some people had specific guidelines in place to support them to eat and drink safely. We saw this guidance was followed. One person's records needed updating to reflect the guidance the staff were following. A senior member of the team told us this would be updated.
- There were robust systems in place to ensure any new risks associated with eating and drinking were identified and responded to.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to attend health appointments.
- Relatives and people told us staff were quick to identify any health issues and acted appropriately. We heard examples from 2 relatives and 1 person about times when staff had identified emerging health conditions and secured appropriate treatment and support.
- Care records were updated to reflect any professional advice given and guidance was available for staff through shift handovers. We received feedback from the commissioner of the D2A service that people were achieving positive outcomes .
- People received attentive support from staff who considered people's emotional well-being and spent time talking to people about how they were feeling.
- Staff were monitoring specific health needs such as people's weight, nutrition and hydration and risk of falls and this information was recorded clearly.
- Health professionals gave mixed feedback about communication with the service and highlighted some areas for improvement. The registered manager was responsive to this feedback and arranged to discuss the issues so that improvements could be made.

Adapting service, design, decoration to meet people's needs

- The environment was purpose built and designed to meet people's needs. Access to the building was suitable for people with reduced mobility and wheelchairs.
- The home was arranged on 3 levels with ease of access via a passenger lift for people with all abilities. Each floor had numerous communal areas for people to use as they chose. One relative commented, "It is immaculate and the whole atmosphere is lovely."
- People, who had moved into the home, had bedrooms that were personalised to reflect their individual preferences.
- We observed people were able to move freely around the service as they pleased. Most people were able to find their way around and subtle prompts had been used to help people who found the layout less easy to navigate independently .
- There was a suitable range of equipment and adaptations to support the needs of people using the service.
- People enjoyed the garden area and were providing produce for the kitchen from their allotment area .

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Capacity assessments were completed to determine if people were able to make specific decisions about their care and treatment.
- Systems were in place to ensure appropriate applications had been made to obtain DoLS authorisations. People's capacity was monitored and if they regained capacity, as their health improved, these applications were retracted .
- Staff spent time with people to ensure they were afforded every opportunity to make decisions for themselves and retain control over as many aspects of their life as possible.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection of this newly registered service. This key question has been rated good .

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives told us that staff cared for people with compassion and respect. We received comments such as, "Staff are caring and attentive.", "No two ways about it, they treat him with respect; they are always welcoming and polite." and "Staff are so caring; as a family we couldn't have wished him to be to be in a better place, staff go out of their way to make life pleasant for all the residents ."
- There was a relaxed atmosphere at the service and staff provided friendly and compassionate support. People had built caring and trusting relationships with staff. One person told us, "You can visit whenever you want – you will always find a happy home."
- Staff spoke about people with genuine warmth and affection. They talked about people's wellbeing and were focused on providing the right support to improve people's lives.
- Staff respected people's individuality and supported them in ways that promoted equality.

Supporting people to express their views and be involved in making decisions about their care

- People made decisions about what to do throughout the day. People told us they could get up when they wanted, and if they wanted to participate in planned activities. When people needed support to make decisions, such as additional time to process information or communication tools, these were made available.
- People were provided with information that enabled them to make decisions about their lives. Staff understood the importance of ensuring people retained control in their lives. This meant people were involved in decisions about the running of the home and making day to day life choices.

Respecting and promoting people's privacy, dignity and independence

- People and relatives felt staff promoted their independence. One person commented on this saying, "The staff are always on hand if I need help, and yet help me stay as independent as possible."
- Treating people with privacy and dignity had been established within the culture of the service. Staff spoke about the importance of respect for people's autonomy and the importance of encouraging people to retain control of their own lives.
- The staff focused on supporting people to live as fulfilling lives as possible and achieve the outcomes they wanted. People spoke about their lives in the home positively. Some people had moved in permanently after time in the D2A scheme on respite. One person who had made this decision said, "I fell in love with the place."
- People's right to privacy and confidentiality was respected. Confidential information was kept securely.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection of this newly registered service. This key question has been rated good .

This meant people's needs were met through good organisation and delivery.

Planning personalised care

- People's care plans included information about their needs, routines and preferences. Staff told us they followed care plans to deliver care and support which was individualised to each person's needs. We heard from people and relatives about the impact this care and support was having. One relative said, "Since [person] moved in [person] has blossomed." Another relative commented positively that their loved one was a changed person since moving in.
- Care plans were reviewed and updated regularly. This meant staff had information which reflected people's current needs. People, and when appropriate, their relatives were involved in the development and reviews of care plans. One relative told us, "We were all involved in his care plan, it is reviewed monthly. Any questions we have they are always on hand to answer."
- Care records were person centred and, when appropriate, had detailed information about people's backgrounds, history, social, physical and mental health needs. The level of detail was determined by the length of time people were staying in the home, as some people on the D2A scheme only stayed for a few days. Care plans provided information for staff on how to meet people's identified needs, including support people needed to maintain their physical health and well-being, nutrition and personal hygiene.
- Where people had a specific health condition guidance was in place for staff on how to manage those conditions.
- There was good communication within the staff team and staff shared information appropriately, about people's changing needs, at shift handovers. A member of staff shared how staff were responding to a person's changing needs and ensuring they received support that protected their emotional well-being.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs and preferences were identified, recorded and highlighted in care plans. Staff understood how best to communicate with people.
- People who had needed additional support to understand information had been provided with personalised communication aids.

Supporting people to develop and maintain relationships and to avoid social isolation; Support to follow interests and take part in activities that are socially and culturally relevant

- An activities team planned and developed individual and group activities that reflected people's wishes and interests. People could choose whether or not to take part in group activities. We saw staff providing several activities which people enjoyed during the inspection.
- People were encouraged to develop activities based on their interests and experience. People living in the home ran a library and a book club with support available from staff if needed. We heard from people involved in these organisational roles about the pleasure this brought them.
- People told us they enjoyed the activities available – we heard about events put on to celebrate Ascot and the coronation, boat trips and trips to the sea front. We also heard about trips that fulfilled individual wishes including a trip to the races that resulted in big wins. There was work ongoing to develop a program to turn people's wishes into reality.
- The activities team monitored whether people were at risk of social isolation and ensured actions were taken if necessary. People staying in the home as part of the D2A scheme were less likely to engage in group activities. The activities staff supported these people with rehabilitation activities and spent time talking with them.
- People were supported to maintain relationships that were important to them. Visitors told us they were made welcome at the service.

Improving care quality in response to complaints or concerns

- People and relatives told us they would have no hesitation to speak to the registered manager or other members of the staff team if they were unhappy. They all told us they were confident that any concerns they had would be listened to and acted upon.
- Informal concerns raised by people had been acted on and they had been included in securing satisfactory responses.
 - There was a complaints policy in place which outlined how a complaint would be responded to and the timescale. A complaint raised had been responded to in line with the policy.
 - Staff told us they would be able to speak to the registered manager, or other members of the senior team, if they had any concerns.

End of life care and support

- The service provided end of life care to people, supporting them at the end of their life and providing comfort and support to family members and friends.
- Care plans identified people's preferences at the end of their life and ensured people's preferences and wishes were respected. A relative described their appreciation of the detail involved in this planning. A member of staff described how they had been able to respect a person's wishes staying with them and holding their hand at the end of their life.
- Care plans contained information and guidance in respect of people's religious wishes and their resuscitation status.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection of this newly registered service. This key question has been rated good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service had an experienced registered manager, and senior team, who demonstrated a good knowledge of their regulatory responsibilities.
- The provider had a defined organisational management structure and there was regular oversight and input to the service from senior management and owners. Staff were all positive about this and felt supported and valued by this input.
- The registered manager, and senior team, had robust oversight of the service and understood the needs of the people they supported. This oversight included a range of quality assurance checks and audits, which monitored the quality of care people received. These checks and audits identified where improvements were required and plans were put in place to implement any change needed.
- The registered manager and provider were committed to ensure a culture of continuous learning and improvement and kept up to date with developments in practice. Learning was shared across the provider's locations.
- Regular meetings were held to support improvements to the service and any learning derived from the senior team's monitoring and analysis was shared across the staff team.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives were all complimentary about the management of the service. We heard comments such as, "The management team are doing a fantastic job.", "Senior staff are well motivated. All the staff are aware of their individual responsibilities.", "Management are very efficient." and "It appears to be well managed. It is well organised and they have good structures in place."
- The registered manager had built an open and trusting relationship with stakeholders who spoke positively about their commitment to finding solutions and achieving good outcomes for people.
- Management and staff were committed to their roles and had built positive and caring relationships with people. Staff sought to understand people's wishes alongside their individual care and communication needs, and this helped to ensure people achieved good outcomes.
- People's care plans and risk assessments had been reviewed. Records demonstrated a person-centred approach to the care and support provided for people. This approach was reflected in the way the majority of people spoke about their experience of care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider and registered manager sought people's views about the care and support provided both formally and informally. People and relatives told us the senior team made time for them. One relative told us, "I can't fault the management team. Any concerns and I am happy and confident to approach them. They are not there 9-5, which is a really positive thing as I can't visit during the day. They are so accommodating making appointments with me out of hours." Another relative commented, "The manager has an open door policy for staff, residents and family. [The manager] knows what is going on on the shop floor."
- Regular resident and relatives' meetings were held to give people an opportunity to discuss suggestions and ideas for improvements. We saw the impact of these meetings on decision making about the management of the home. We also saw that informal feedback was captured and acted on .
- Staff meetings were held, which gave staff the opportunity to raise issues and make suggestions. Staff said they could make suggestions and they felt listened to.
- Managers and staff had a good understanding of equality issues and valued and respected people's diversity.
- Staff received 1 to 1 supervision; this provided opportunities for staff and managers to discuss any issues or proposed changes within the service.
- Health and social care professionals told us the service worked in partnership with them to ensure improvements were made and people received support that met their needs.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities under the duty of candour. The provider and registered manager understood their responsibilities to be open and transparent with people and their families if something went wrong.
- The ethos of the service was to be open, transparent and honest. Staff were encouraged to raise any concerns. Staff said they were confident any concerns would be listened to and acted on promptly.
- The provider had made notifications to CQC in line with regulation.