Tordan Healthcare Limited

Tordan Healthcare

Inspection report

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Date of inspection visit:
03 November 2016
07 November 2016

Date of publication:
12 January 2017

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 inspection took place on 03 and 07 November 2016 and was announced.

Tordan Healthcare provides support and personal care to children and adults in their own home, including live in care and support to people with complex health needs. At the time of this inspection the service was providing support with personal care to 19 people with a range of support needs. The service also provides support to people that does not include personal care and as this support is not regulated by CQC it was not included in this inspection.

The service was registered at this location on 30 January 2014 and this was the first ratings inspection conducted.

The registered manager for the service had been in post since the service was registered. 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.

People we spoke with told us they were happy with the service provided and they felt safe with Tordan Healthcare. Staff had received safeguarding training and they were aware of their responsibility to report any concerns to their manager. The service had procedures in place for identifying and following up allegations of abuse, and staff demonstrated knowledge of the procedures to follow.

Care plans contained risk assessments which were relevant to people's individual needs and the environment and contained sufficient detail to provide direction for staff in how to reduce risks to people.

The registered provider had a robust system in place to vet potential employees. All staff who administered medicines were trained and assessed as competent. This meant people received their medicines from people who had the appropriate knowledge and skills.

Staff told us they felt supported. New employees were supported in their role and there was a programme of on-going refresher training for existing staff. Staff told us they received occasional supervision to ensure they had the skills and competence to meet people's needs.

Staff had received training in the Mental Capacity Act and understood people's rights to make decisions about their lives.

People who used the service told us staff were caring and kind. People's privacy and dignity was respected and care plans reflected the need to encourage people to retain their level of independence. The service catered for people's diverse needs and people were matched to care staff to provide continuity of care.

People had care plans in place which noted the tasks they required support with, as well as detail about their choices and preferences. Staff told us these were reflective of people's needs and we saw these were updated regularly.

People who used the service told us the service was generally well-led and they were happy with the care provided.

The registered provider had a system in place to monitor the performance of the service. Staff were monitored at regular intervals and audits were completed of people's daily records, care plans and staff files. The registered provider asked people who used the service and staff for feedback and this information had been reviewed and fed back to staff.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People told us they felt safe.

Risks assessments minimised risk whilst promoting people's independence.

Systems of staff recruitment were safe and staff were trained in medicine administration.

Is the service effective?

Good

The service was effective.

Staff had received specialist training to enable them to provide support to people who used the service.

People told us staff supported their right to make choices and decisions.

People had access to external health professionals as the need arose.

Is the service caring?

Good

The service was caring.

People and their families told us staff were kind and they respected their privacy and dignity.

People were encouraged to make choices and retain their independence.

Is the service responsive?

Good

The service was responsive

Care was planned to meet people's individual needs and preferences.

People and their representatives were involved in the

development and the review of their support plans.

People told us if they had a complaint the service addressed it.

Is the service well-led?

Good

The service was well led.

The registered manager and the registered provider were involved in the day to day running of the organisation.

There were systems in place to regularly seek feedback from people who used the service.

Audits were in place to continually improve the service and staffs performance was regularly monitored.

Tordan Healthcare

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 3 November 2016 with follow up telephone calls being made to staff and people who used the service, and their relatives where appropriate, on 04 and 07 November 2016. The registered provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure the registered manager would be available to meet with us. The service was inspected by an adult social care inspector 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. The area of expertise for the expert by experience on this inspection was as a family carer.

Prior to our inspection we reviewed all the information we held about the service. This included information we received from the registered provider and feedback from local authority commissioners and safeguarding teams.

At the time of the inspection a Provider Information Return (PIR) was available for this service. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our visit we reviewed four people's care records. We also looked at three records relating to staff recruitment and training, and various documents relating to the service's quality assurance systems. We spoke with the registered manager, the registered provider and a case manager and following the inspection we spoke with three care staff and a care manager on the telephone. We also spoke on the telephone with five people who used the service and two relatives.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe. One person said, "I feel safe" and another person said, "Yes I feel safe here; the staff make me feel safe."

Staff told us they had received training in safeguarding vulnerable people and we saw certificates to confirm this. Staff gave us a description of the different types of abuse they may come across in their work and they knew the procedure to follow to report any allegations or concerns. One staff member said, "If I suspected abuse I would tell the manager, write everything down and go through the local authority, the police or CQC if needed." The registered manager told us they had completed safeguarding training and they were able to tell us the process for making a safeguarding referral to the local authority. This showed the registered manager and staff were aware of their responsibilities in keeping people safe from the risk of harm or abuse.

We saw safeguarding incidents had been responded to appropriately and action taken to keep people who used the service safe. This demonstrated the service had procedures in place for identifying and following up allegations of abuse, and staff demonstrated knowledge of the procedures to follow.

We noted that a whistle blowing policy was also in place and was included in the code of practice given to staff when they commenced employment with the service. The staff we spoke with were aware of this policy.

We asked the registered manager what action they expected staff to take if they went to a scheduled call and the person did not answer their door. They said most people they supported lived with family members or in some cases the service provided live in care staff; however, if carers were unable to gain entry they would telephone the office to notify them, the office staff would then try to telephone the person and their family, if needed, while staff asked the person's neighbours if they had seen them. Staff said if they were unable to establish the whereabouts of the person they would notify the police. All the care staff we spoke with were aware of the procedure and people using the service had individual emergency plans in place, depending on the level of risk. This showed the service had plans in place in the event of an emergency situation.

Each of the care files we looked at contained an environmental risk assessment; this assessed access to people's homes, flooring, electrical items, the kitchen and bathroom facilities and fire risks.

There were also risk assessments to areas such as moving and positioning, skin integrity, epilepsy management and managing behaviour and use of percutaneous endoscopic gastrostomy (PEG) feed. A PEG feed is a way of introducing foods and fluids directly into the stomach. Risk assessments contained detailed information to provide direction for staff in how to minimise risk to people for example, specific information about how a person should be supported to transfer using a hoist and the size of the required sling. The registered manager showed us training records and certificates to evidence staff had received practical training in the use of hoists. They told us staff always attended the person's house with an experienced staff member in the first instance to ensure they were familiar with the individual's support requirements and

staff confirmed this to be the case.

We saw from records risk assessments were reviewed at least annually and when people's needs changed. The service operated a no lifting policy and we saw from the records we sampled this had been signed by staff. This meant care and support was planned and delivered in a way that reduced risks to people's safety and welfare.

We saw from three staff files safe recruitment practices had been followed. For example, the registered manager ensured references had been obtained and Disclosure and Barring Service (DBS) checks had been carried out. The DBS helps employers make safer recruitment decisions and reduces the risk of unsuitable people working with vulnerable groups. This showed candidates had been properly checked to reduce the risk of staff being employed who may be unsuitable to work with vulnerable people.

One person we spoke with said, "I have a set time, and the office will call me if they are late." Another said, "I see the same group of carers."
Six out of seven people we spoke with told us staff had never missed their calls and they saw a regular small team of staff. One of the staff said they always tried to telephone the person to let them know if they were going to be delayed and people we spoke with confirmed this.

One family member said, "During the week the care is good, but sometimes at the weekend they don't come to support my relative on Saturday, but come for twice as long on the Sunday. This upsets (relative)." We spoke to the care manager about this and they said the care package had been agreed as a flexible package and the relative we had spoken with had not expressed this concern to them in their very regular conversations. They showed us they had followed up the concern and arranged a meeting to ensure the relative was happy with the care arrangements and to make any changes if required. The relative also told us they were very happy with the support worker currently allocated.

Plans were in place in the event of staff sickness and managers were on call at all times that care was being delivered. One staff member told us they felt care could be better organised at times of staff shortage or sickness and they gave an example of a less urgent call not being covered when they were asked to step in to complete an emergency call. The registered manager told us staff were generally matched to specific service users and some people chose not to use alternative care staff in the event of staff sickness for non-urgent support. We saw from records each care plan had a contingency plan included, in the event of staff sickness or an adverse event, which often involved a family member providing support or alternative care staff being deployed if the person chose to accept an alternative support worker. The registered manager told us a traffic light system was in place to help ensure services to those people most at risk were maintained. This showed the service had contingency plans in place to enable it to respond to unexpected changes in staff availability and meant the service to people most at risk could be maintained.

The registered manager told us they only administered medicines to a small number of people as most people who used the service lived at home with their families or administered their own medicines. Medicine administration records (MAR) were in place in the care records we sampled where people required assistance with the administration of their medicines. A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered. The registered manager told us they audited all MAR charts when they were returned to the office to ensure the MAR had been completed correctly and we saw there were no indications an error had occurred.

We saw from care records where medicines were administered a comprehensive medicines support plan was in place.

The registered manager told us all staff completed annual medicines training followed by an assessment of their competency if medicines were being administered. We saw evidence of this in the staff files we reviewed and staff we spoke with told us they had received appropriate training. This meant people received their medicines from people who had the appropriate knowledge and skills.

Good

Is the service effective?

Our findings

People we spoke with told us staff were able to support them well. One person said, "The staff know what they are doing. I am very happy."

We looked at how new staff were supported in their role. One of the care staff we spoke with said they had recently commenced employment with the service. They said, "When I started I had an induction pack and training to do. I shadowed another member of staff. The manager discussed my training with me and introduced me to the person I was going to support." We saw from records new staff completed a one to one induction meeting with the registered manager and e-learning was sent for their completion. They were then introduced to the person they were supporting and worked alongside other staff where possible to get to know people's individual needs. This demonstrated that new employees were supported in their role.

Staff also received on-going refresher training in a variety of topics. This included health and safety, moving and handling, basic life support, privacy and dignity and fluids and nutrition. Staff also received practical training in the use of equipment such as safe use of hoists. From training records we saw some staff completed specialist training as required in areas such as use of PEG feeds and spinal injury awareness, depending of the needs of the people they supported. This meant staff had the appropriate knowledge and skills to perform their job roles effectively.

The registered manager told us they only employed staff already experienced in social care and from speaking with staff and sampling three recruitment records we found this to be the case.

Where staff worked with children they had completed safeguarding children training and the new safeguarding training which was being rolled out included safeguarding children training for all staff.

From training records we saw the management team were also supported to complete training to enhance their management role and professional development.

The registered provider conducted an informal meeting with the management team on the day of our inspection to check on the progress of care packages and discuss any issues to address. The registered provider showed us they used an action planning tool in their regular meetings with the registered manager and management team and also completed an annual Professional Development Review with them.

Supervision was provided for staff along with spot checks on staff's performance. We saw evidence in each of the files we reviewed, of written supervision and staff told us they could speak to a manager at any time for advice and support. One staff member said, "There is an open channel to discuss things directly with line managers or any office staff." One recently appointed member of staff we spoke with said they could not recall receiving any written supervision since their initial one to one with the registered manager and but they said they felt supported and often discussed the needs of the person they supported with the management team. They also received positive feedback about their performance. The registered manager told us staff were contacted regularly and any concerns they had were addressed. This showed staff were

receiving regular management support and supervision to monitor their performance and development needs.

Staff told us and we saw from records positive feedback was received and shared with staff. The service nominated one member of care staff each month to receive the "Turtle of the month" award, which included a gift voucher and certificate for going above and beyond their caring role. This evidenced staff were given positive feedback and helped to ensure they felt valued in their work.

People who used the service had been consulted about the care provided for them. One person said, "The staff encourage me to make decisions."
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. For this type of service any applications to deprive a person of their liberty must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. The provider had a policy in place and the staff we spoke with had a good understanding of the principles to follow. One staff member said, "You have to let people make their own decisions, even if it isn't good for us." Another said, "Choice is at the forefront of what we do. If people lack capacity I talk to my manager or their advocate. They might need a best interest meeting."

The registered manager told us most of the people they supported had capacity to make their own decisions and many people lived with their family. Appropriate mental capacity information and evidence of best interest discussions were present in the care records we sampled; for example, in relation to locking a person's front door to keep them safe. We saw records were kept where a person's relative had legal authority to make some decisions on a person's behalf, so the registered manager could be assured they were gaining consent from the relevant person.

We saw in the care files we sampled consent had been recorded in relation to sharing information and consent to care plans and risk assessments. This meant the service had ensured all the correct processes were followed to protect the rights of the people they supported.

People were supported with their choices if support with meals was required. One person told us, "I'm always asked what I would like to eat or drink." The registered manager told us if people were assessed as requiring support with preparing food or drinks, staff would prepare a meal of the person's choice and they encouraged staff to prepare meals from scratch where possible.

Care plans recorded where people needed support with eating and drinking. Some staff had completed specialist training in use of PEG feed and detailed records were kept of the support provided by staff to ensure the feed was administered correctly and in a safe way.

One person who used the service said, "If I need to see a doctor they will call for me." Each of the care plans we looked at recorded the contact details for the person's GP. We asked the registered manager what support staff offered to people who may require medical advice. They said it was up to the individual person

or their families, where appropriate, to make appointments with relevant healthcare professionals. They explained that if staff thought someone's health needs had changed they would prompt them to call the doctor or would contact the person's family and pass on their concerns to them. We saw from records, concerns about a person's health had been passed on to the relevant health professional or family member when people were not able to do this for themselves. This showed people using the service received additional support, when required, to access community health care services.

Good

Is the service caring?

Our findings

People we spoke with told us staff were caring and they had a good relationship with the staff who supported them. One person said, "Very caring staff; can't do enough for me." Another person said, "Staff respect me and my home" and another said, "All staff respect me and talk to me in a lovely friendly manner." Other comments included, "Office staff are lovely." "All staff are very caring and understanding." And, "Extremely happy, I am very lucky."

One relative said, "I feel some staff are just doing a job and don't care." This relative had expressed their concerns to the managers of the service and a number of different care workers had been allocated until they were happy with their current care staff.

Staff told us they enjoyed working with people who used the service. One staff member said, "I enjoy the work. The other carers I have worked with are also very person centred." The registered manager and staff spoke about the people they supported in a caring and professional manner. They expressed knowledge of people's needs and demonstrated an understanding of the need to treat people as individuals.

People told us they were usually supported by a regular team of staff. The registered manager told us when they accepted a new client they always introduced the staff member who would be their main care worker. Staff told us they supported a regular small group of people or sometimes one individual and we saw from staff rotas this was the case. This demonstrated people were usually supported by staff who knew them well.

We saw care files and profiles contained detailed information about the tastes and preferences of people who used the service, including a short personal history. This gave staff a rounded picture of the person and their life before using the service.

People told us they made decisions about their care and were involved in planning their own support. We saw from care records this was the case. In each of the care plans we looked at we saw a care plan was signed by the relevant person. This showed the registered manager had consulted with people who used the service about the care and support provided for them.

The case manager told us they had recently suggested a pictorial planner for one service user who was having difficulty word finding and this had enabled them to communicate their preferences more effectively. The care records for one person who had no verbal communication said, "Use objects of reference to aid communication." Staff we spoke with told us they showed people who had communication impairments a choice of clothes or food to enable them to communicate their preference. This meant staff supported people with their diverse communication needs to enable them to make choices.

People's diverse needs were respected and people who used the service chose or were matched with care staff who could meet those needs. The service supported people's human rights and equality and diversity needs. For example, where one person wished to participate in a local transvestite event in order to express

their identity safely in a supportive environment, this was facilitated by care staff.

The service gave us examples where they had worked above and beyond their roles to enable people who used the service to achieve their goals. For example, one person, who had worked in science all their lives and was now living with dementia, was supported to attend a live lecture by their hero Professor Brian Cox and Tordan Health Care gained permission to record the lecture so that the person could remember it in the future.

People told us they were supported to remain as independent as possible in their daily lives and we saw from records they were encouraged to do what they could for themselves. For example, we saw one record stated: "Support worker to verbally encourage (Person) to get in and out of bed independently not lifting (person's) legs unless they are unwell or fatigued." Another record detailed how a person's independence with controlling their own electric hoist when transferring should be maintained and staff were present as reassurance only. Spot check records also observed whether carers encouraged people to be as independent as possible.

The members of staff we spoke with were aware of how to promote the dignity and privacy of people who used the service. We saw from records, staff practice was observed by managers during spot checks to ensure they promoted dignity by, for example, gaining consent and talking to the person during transfers. Dignity and privacy was discussed at interview and at supervision with staff. One staff member said, "When visitors come I go out for a walk, so it is (person's) time, (person's) house and (person's) friends." We heard another staff member involve the person in the conversation about the service being provided when CQC contacted the staff member whilst they were in a person's home and they encouraged the person to give feedback to the inspector in private should they wish to do so. "It's (Person's) home. (Person) likes to know that people are listening to them."

Staff were also able to tell us how they enabled people to make choices in what they ate, what they wore and activities they chose to do. Offering people choice and control over their daily lives is a key aspect of maintaining a person's dignity and promoting life skills.

Staff were aware of how to access advocacy services for people if the need arose and we saw from care records people could record their end of life wishes if they wanted to do so.

Good

Is the service responsive?

Our findings

Through speaking to staff and people using the service we felt confident people's views were taken into account and they were involved in planning their care. One person who used the service told us, "The care plan was very good; I was involved in all the planning." Another person said, "The service works well because they work hard to match people to my needs." And another said "I feel my carers are matched well; if I'm not happy they have changed my staff." A further person said, "Staff and office staff listen to my needs."

The registered manager told us when they took on a new client, they arranged to go and meet the person. They explained this enabled them to gather the information, along with the documentation they received from other health care professionals, to develop people's care plans and risk assessments. The proposed care worker then attended a "meet and greet" with the person to see if they were a good match before any care was provided. We saw from records for each care package staff were matched and trained for the particular person. Care staff told us if any amendments were needed to the care plan they fed this back to the registered manager who made the necessary changes. This helped to ensure care plans were fully reflective of people's needs.

People told us they had a care plan in their homes and it was an accurate reflection of their needs. This meant up to date documents were available to provide direction to staff.

We reviewed four people's care records. Each care plan recorded the individual's name, address, family, GP contact details and a summary of any medical issues, as well as a care summary. Care plans contained detailed person centred information in areas such as nutrition, sleep, medication, mobility, personal care and emotional and social needs. Care plans also included personal information, such as the name the person liked to be known as and details of people's preferences for example, "Likes watching news and Royal programs on TV." For another person, "People reading to me, people singing songs and nursery rhymes, continuity of support, hand and foot massages." This was important as some people who used the service were not always able to communicate their preferences.

We saw that all the care plans we sampled had been reviewed regularly and were signed and up to date. These reviews help to monitor whether care records were up to date and reflected people's current needs so any necessary changes could be identified at an early stage.

We saw a detailed daily log was completed by staff following each visit. This recorded the date and times of the support and a record of the care and support provided, as well as the person's mood, well-being and choices given. The service had recently introduced a communication book for people they supported with more complex needs to aid communication between staff.

Where this was part of the care plan, staff told us they supported people to enjoy activities outside their home, such as going for a walk and a coffee, going to the park or the cinema or out for lunch and we saw from records this was the case. This demonstrated staff supported people with their social needs.

People using the service told us, "Any complaints I call the office and they will listen and always try and help." and "If I complain action will take place." Another person said, "I've had no complaints but if I did I am confident the office would help me." And a further person said, "I have no reason to complain."
One relative we spoke with said, "I'll call the office to complain, but not confident they will take action." When we spoke further to the relative to clarify their concern they said the office had changed a number of care workers in response to their concerns.

All but one person we spoke with told us they would feel comfortable raising issues and concerns with any of the staff or the managers and they knew how to complain. The service had a complaints procedure which was included in each person's contract agreement when they started using the service and people we spoke with and staff were aware of this and the procedure to follow. This demonstrated people's views and experiences were taken into account in the way the service was provided and delivered in relation to their care. We saw where complaints were raised these were recorded and dealt with appropriately and any learning had been implemented to improve the service to people. Compliments were also available for staff to read.

Good

Is the service well-led?

Our findings

People we spoke with told us the service was well led. Comments included, "I am generally pleased with Tordan." "The service seems to work well." "I am very happy. Everything is running smoothly." One person said the service was, "Perfect."

The registered provider was the owner of the service and was involved with the service on a daily basis as the registered manager had taken a leave of absence recently. They were both knowledgeable about people's individual needs and spoke with professionalism throughout the inspection. Two full time care co-ordinators were also employed and a full time case manager conducted visits to people using the service.

Staff told us they felt supported by the service and the management team were supportive and helpful. One staff member said, "They absolutely would be there for you." Another said, "They made me feel they are approachable." A third staff member said, "I very often raise care issues. It is always acknowledged and acted on. Yes I would recommend this service to a relative of mine."

The registered manager told us they supported staff by being available on the telephone, being present in the field, meeting care staff if they needed support and sharing positive feedback with staff.

The registered manager said the aim of the service was to provide a high standard of care on an individual, person centred and flexible basis. The registered manager told us the service was planning to increase training in end of life care, improve support plan paperwork and take on more hospital discharge packages.

The registered manager and registered provider met with other providers and attended local network meetings, which enabled local issues to be discussed and best practice to be shared. The service was also signed up to CQC, NHS England and local authority practice updates.

We looked at the systems in place to assess and monitor the quality and safety of the service provided. The registered manager completed regular, recorded spot checks on staff, as well as regular telephone calls to people using the service and relatives. At spot checks staff were asked for their opinion on their performance and if they felt happy and supported in their work. This meant the registered manager was keeping an overview of staff performance and development needs.

Staff surveys were sent to care staff using a smart phone application, which enabled the registered manager to obtain the views of staff in relation to the quality of care provided. Action plans resulted from surveys and these indicated who would be responsible for specific actions and a timescale of when actions would be completed. This meant the registered manager was seeking and acting on feedback from staff.

Feedback, through questionnaires, was sought from people who used the service. We saw actions had been written on these if any issues were raised. Sixteen out of seventeen responses were rated good or excellent in all areas on the 2015 survey. A new mobile telephone application was now being used for people using the service and relatives to provide instant feedback on the service and some people had already provided

feedback using this, which was all positive. This showed the registered manager was seeking and acting on feedback from people who used the service.

We saw meetings with all care staff were not held. The registered manager told us care was delivered on an individual basis and care staff rarely came in to the office and communication was technology based, such as through email or telephone. Staff meetings are an important part of a registered manager's responsibility to ensure information is disseminated to staff appropriately and to come to informed views about the service. The registered manager showed us they disseminated information in a monthly briefing sheet to keep staff up to date with practice issues, such as a recent MCA update. Where care packages were large the staff team for the package communicated using a smart phone application. The registered provider told us it was difficult to get staff together for meetings and these methods of communication helped to keep staff up to date and aid communication.

The registered manager told us they completed audits of people's support records and we saw documented evidence of the checks which were made. Staff files were also audited regularly. If any issues were identified, they were discussed in supervision with staff or via email and telephone calls. These systems demonstrated the service had effective quality assurance and governance processes in place to drive continuous improvement.

Under the Care Quality Commission (Registration) Regulations 2009 registered providers have a duty to submit a statutory notification to the Care Quality Commission (CQC) regarding a range of incidents. Prior to the inspection we saw evidence the registered provider submitted these notifications in a timely manner. During our inspection we did not identify any issues which the registered provider had failed to notify us about.