Care Quality Commission

Quinton House Limited

Quinton House

Inspection report

Lower Quinton
Stratford upon Avon
CV37 8RY
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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 inspection took place on 1 September 2015 and was unannounced.

Quinton House is a three storey residential home which provides care to older people including people who are living with dementia. Quinton House is registered to provide care for 27 people and at the time of our inspection, there were 19 people living at Quinton House.

At the time of our inspection a registered manager was not in post although the provider had arranged for two deputy managers to manage the home in the interim. The provider had appointed a manager who planned to start the end of September 2015. 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 and associated Regulations about how the service is run.

All the people we spoke with told us they felt well cared for and safe living at Quinton House. People told us staff were respectful and kind towards them and staff were caring and empathetic to people throughout our visit. Staff protected people's privacy and dignity when they provided care and staff asked people for their consent before any care or support was provided.

Summary of findings

Care plans contained accurate and relevant information for staff to help them provide the individual care and treatment people required. Care records reflected people's wishes and how they preferred their care to be delivered. Risk assessments provided information for staff to keep people safe and these were reviewed to ensure they continued to protect people from risk. People received support from staff who had the knowledge to care for them and people's personal and confidential information was kept safe and secure.

People told us they received their medicines when required. Staff were trained to administer medicines and had been assessed as competent, which meant people received their medicines from suitably trained and experienced staff.

The provider had effective recruitment procedures that helped protect people. All the necessary checks had been completed on potential staff before a decision was made to employ them at the home.

Staff understood the need to respect people's choices and decisions. Assessments had been made and reviewed to determine people's individual capacity to make certain decisions. Where people did not have capacity, decisions had been taken in 'their best interests' with the involvement of family members and appropriate health care professionals.

The provider was meeting their requirements set out in the Deprivation of Liberty Safeguards (DoLS). The registered manager had contacted the local authority and submitted applications to make sure people's freedoms and liberties were not restricted unnecessarily. At the time of this inspection, three applications had been authorised under DoLS

Staff were caring and compassionate in their approach to people. People were given choices about how they wanted to spend their day so they were able to retain some independence in making day to day decisions about their everyday life. Staff encouraged relatives to maintain an active role in providing support to their family member.

A variety of activities were provided for people living in the home that promoted their health and wellbeing. Staff involved in providing activities were enthusiastic and encouraged the wider community to be involved.

There was an audit system that identified and improved the quality of service people received. These checks and audits helped ensure actions had been taken that led to improvements. People told us they were pleased with the service they received and if they suggested improvements, these were acted upon. People's concerns were listened to and supported by the provider and staff who responded in a timely way.

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.

Good

People received care from staff who had the knowledge, skills and time to meet people's individual needs. People's needs had been assessed and where risks had been identified, staff knew how to support people safely. Staff were aware of safeguarding procedures and knew what action to take if they suspected abuse. People received their prescribed medicines from trained and competent staff.

Is the service effective?
The service was effective.

Good

People and relatives were involved in making decisions about their care and people received support from staff who were competent and trained to meet their needs. Where people did not have capacity to make decisions, support was sought from family members and healthcare professionals. People were offered a choice of meals and drinks that met their dietary needs. People received timely support from appropriate health care professionals to ensure their health and wellbeing was maintained.

Is the service caring?
The service was caring.

Good

People were treated as individuals and were supported by staff who were kind and respectful. Staff were patient and attentive to people's individual needs and staff had good knowledge and understanding of people's personal preferences and how they wanted to spend their time.

Is the service responsive?
The service was responsive.

Good

People and relatives were involved in care planning decisions which helped make sure the support people received continued to meet their needs. Staff had information which supported them to respond to people's individual needs and abilities. There was an effective system that responded to people's concerns and complaints in a timely way and to people's satisfaction.

Is the service well-led?
The service was well led.

Good

People, relatives and staff were complimentary and supportive of the provider and interim management. There were processes that checked the quality of service, such as regular checks, meetings, customer surveys and quality audits that identified improvements. Where improvements had been identified, actions had been taken that led to an improved quality service.

Quinton House

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 1 September 2015. The inspection was unannounced and completed by three inspectors.

As part of our inspection we asked the provider to complete a Provider Information Return (PIR). The PIR 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. Our inspection visit confirmed the information contained within the PIR.

We reviewed the information we held about the service such as statutory notifications the previous registered manager and provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We also spoke with the local authority who provided us with information they held about this location. The local authority did not have any information to share which we were not already aware of.

We spent time observing staff interactions with people and to see how people were supported throughout the day. We spoke with seven people who lived at the home and one visiting relative to get their experiences of what is was like to live at Quinton House. We spoke with the provider who was the owner of the home, two deputy managers, two nurses and two care staff (In the report we refer to nurses and care staff as staff).

We looked at three people's care records and daily care records to see how their support was planned and delivered. We reviewed other records including quality assurance checks, health and safety checks, medicines, complaints and incident and accident records.

Good

Is the service safe?

Our findings

All the people we spoke with told us the support and treatment they received from staff and the provider made them feel safe and protected. One person told us they had been at the home for some time and, "Never felt safer." They told us, "If I need help I press my orange bell and staff come quite quickly." This person said this reassured them knowing staff were on hand to help, especially as they had limited mobility. A family member told us they felt their loved one was well cared for and safe in the home. This relative said their family member occupied one of the shared rooms within the home and said, "I am happy about that, it gives the family greater reassurance [person] is safe."

Staff told us how they made sure people who lived at the home were safe and protected. Staff were trained in safeguarding and were knowledgeable in recognising abuse and who to report concerns to. They were all aware of policies and procedures around whistleblowing and the relevant managers or agencies to report to. Staff told us the training helped them in identifying different types of abuse and they would not hesitate to inform the managers or provider if they had concerns. One staff member told us, "There has never been any physical violence here, it's wrong. It's against people's human rights. I would protect them."

Staff had access to the information they needed to help them to report safeguarding concerns. A local safeguarding policy was displayed which linked with local authority contact numbers for staff should they be required. The deputy managers were aware of the safeguarding procedures and the actions they would take in the event of any allegations received.

Risk assessments and care records identified where people were potentially at risk and actions were identified to manage or reduce those risks. Staff understood the risks associated with people's individual care needs. For example, staff knew how to support people who had behaviours that challenged others, people who were at risk of falling and people who required assistance with transferring. Risk assessments were reviewed for people who were at risk to ensure staff continued to meet people's needs as their health conditions changed. For example, we saw a risk assessment for a person who required assistance with mobilising. The risk assessment included the number of care staff required, the equipment and the sling size required to help transfer this person safely and to minimise potential harm to staff. Staff told us they supported this person in line with their risk assessments although we did not see staff mobilise this person during our visit.

All the people we spoke with said there were enough staff to meet their needs and that the staff team with attentive to their requests for help. People told us if they asked for staff help or when they rang their call bell, they did not wait long for assistance. One person said, "I can't fault them" and a visiting relative said, "There is enough staff and there is good team work."

Staff said they had enough time to provide the care and support people required and time to provide care at the pace people preferred. One staff member said staffing levels were, "Good, and we have a very good staff team." This staff member told us, "Staff have time to talk with people and provide person centred care." Another staff member said, "We have a very good bond and we work across teams (working with staff at the provider's other home next door, Quinton Gardens).

The provider completed staff rotas four weeks in advance which ensured staff had advanced notice to minimise any unexpected absences. The provider told us they balanced the skill mix of the staff so new staff were always supported by experienced staff and senior staff. They said they were advertising locally for staff which would be advantageous if staff called in sick, as staff would be closer to the home to help provide cover at short notice. The provider said they used agency staff to ensure staff levels were maintained. We were told the same agency were used to help provide continuity of care and agency staff were always supported by employed staff to ensure people received the right support. This was confirmed by people we spoke with. The provider said they staffed according to people's dependency and if people's needs changed, staffing levels would be reviewed and increased if required. A staff member gave us a recent example and said when people received end of life care, staffing levels had been increased.

The provider followed a thorough recruitment and selection process to ensure the staff recruited had the right skills and experience to meet the needs of people who lived in the home. This included carrying out a Disclosure and Barring Service (DBS) check and obtaining appropriate references. DBS assists employers by checking people's backgrounds to prevent unsuitable people from working with people who use services.

Good

Is the service safe?

People told us they received their medicines when required. One person said, "I always get medicines on time." We looked at examples of people's medicine administration records (MAR) and found medicines had been administered and signed for at the appropriate time. People received their medicines from experienced nurses and senior staff who had completed medication training. These staff had been competency assessed which made sure they continued to administer medicines to people safely. The management of MARs were checked regularly to make sure people continued to receive their medicines as prescribed.

Medicines were stored securely and when no longer required they were disposed of safely. Some people received medicine 'as required' and there was a protocol for this, explaining when it should be given and why. Staff told us they would ask a person if they required this medication and for those who were unable to communicate, pain assessment charts were followed. These contained guidance for staff to assess if someone might be in pain such as looking for facial grimacing or agitation. We looked at records for people who had their medicines administered to them 'covertly' by disguising their medicines in either food or drink. This was because some people refused their medication but it was necessary to support their current health and wellbeing. Decisions for the covert administration of medicines had been agreed by the GP which ensured covert medicines were administered safely and continued to be effective to manage people's health conditions.

Maintenance schedules were regularly completed to make sure the environment was safe and equipment was kept in good working order. This included a system of internal inspections of equipment and maintenance by external contractors where required, such as lift maintenance, hoists and water quality checks. During our visit we identified three first floor windows that presented potential risks to people. We informed the provider of this and following our visit, they told us actions had been taken to make the windows safe and protect people from harm.

The provider had plans to ensure people were kept safe in the event of an emergency or unforeseen situation. Fire emergency equipment was checked regularly and staff knew what action to take in emergency situations. There was a central record of what support each person required to keep them safe if the building had to be evacuated and this was accessible to the emergency services.

Good

Is the service effective?

Our findings

People told us staff were knowledgeable and knew how to provide the care and support they needed. One person told us the staff were very effective because, "They (staff) look after me so well. What more could I ask for." These comments were supported by other people who told us staff were aware of their individual preferences, whether physically or emotionally. For example, one person who lived at the home told us they had recently had an illness. They said staff supported them daily to make sure their dressings and pain relief were managed to minimise any discomfort or infections. They said, "It's always done, staff are marvellous, wonderful carers and they know what to do."

Staff told us they completed an induction when they first started at the home, and received training to support them in ensuring people's health and safety needs were met. The provider and staff told us part of the induction allowed staff to shadow more experienced staff. One staff member said, "My induction was a few shadowing shifts. I felt it met my needs."

We asked the provider how they were assured staff put their knowledge and training into practice to effectively support people. They told us they completed regular observations of staff and did a daily walk around, talking to people and staff. They said they observed staff when they provided care and they told us staff had opportunities to identify any training needs or opportunities at their supervision meetings. The provider said most staff were National Vocational Qualified and as a provider, was committed to provide training in line with the new Care Certificate. This sets out the learning outcomes, competences and fundamental standards of care expected from staff.

Staff told us they had regular supervision meetings which gave them opportunity to discuss any concerns they had or further training they required. Comments staff made to us were, "Supervision is good you can talk about things and learn" and "We have regular supervision. We discuss training and professional development. It's good." Staff felt they received the training necessary to provide the care and support people required. For example, staff told us they were confident and understood how to support people whose behaviours challenged others. One staff member said, "If we provide care and people get agitated, we can leave them or get another carer to help. We can distract them, or talk about their families which helps."

The provider completed a training schedule which made sure staff received refresher training at the required intervals which helped keep staff knowledge updated. Training records confirmed staff received refresher training at the required times which helped maintain staff's knowledge and skills.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find.

The MCA protects people who lack capacity to make certain decisions because of illness or disability. DoLS is a law that requires assessment and authorisation if a person lacks mental capacity and needs to have their freedom restricted to keep them safe.

Staff received training in the Mental Capacity Act 2005 (MCA) and understood the importance of seeking people's consent before they provided any care. Staff knew which people made their own decisions so they remained as independent as possible. People we spoke with told us staff helped them to be independent, which included making their own decisions about how they lived their lives.

Where people lacked capacity to make decisions, the provider recorded information about the support people required. Where people were unable to consent to certain decisions, decisions were taken in people's 'best interests' with support of those closest to them. The previous registered manager understood the requirements of the Deprivation of Liberty Safeguards (DoLS) and had sought advice from the local authority to ensure people's freedoms were effectively supported and protected. The Provider Information Return (PIR) and provider's records showed three people's applications had been approved to deprive them of their liberties.

People told us they enjoyed the food in the home and we saw they were offered choice of food and drinks during our visit. Staff told us if people did not want the choices on the menu, alternatives would be provided. All of the people we spoke with were complimentary about the choices of food, but people told us the food was not as hot as they wanted.

Good

Is the service effective?

One person said, “It’s luke warm” and another said, “Mine is cold.” We spoke with the provider about this who told us food was prepared at Quinton Gardens (provider’s other home, on the same site) and brought across in heated trolleys. The provider was not aware of people’s concerns and assured us they would take action to ensure people’s meals were given to them at the correct temperatures.

People who were potentially at risk and had individual requirements associated with eating and drinking, were supported by staff to ensure they remained hydrated and nourished. Where a risk had been identified, for example, where they may be at risk of choking, care plans provided guidance for staff to follow. Staff told us they knew how to support people to ensure they received their food and drinks in a way that continued to meet their needs. People were weighed regularly and audits were completed to make sure their health and wellbeing was supported, if there were concerns, advice was sought from other healthcare professionals. For example, where people had lost weight, support was sought from dieticians and staff followed this advice.

People confirmed and their records reflected that they received care and treatment from health care professionals such as dentist, opticians, chiropodist, occupational therapists and the GP. Staff told us they were made aware of and followed any changes in people’s care and treatment following other healthcare professional’s recommendations.

Good

Is the service caring?

Our findings

People told us staff were caring, attentive to their needs and treated them respectfully.

People said staff were kind and that they enjoyed the company of staff, especially when staff spent time talking with them or involved them in pursuing activities within the home. One person told us how staff made them feel. This person said, "I can't speak highly enough of the place and the carers are wonderful. The staff are very good and very understanding." This person told us how they found the attitudes of staff very welcoming which made it easy for them to seek support whenever they needed it. They explained, "All staff are very good. I don't have to wait, they just come straight away."

We spoke with staff and asked them what caring meant to them. Their answers demonstrated that there was a shared 'caring' value amongst the staff team which was endorsed by the provider. All the staff we spoke with said they enjoyed working at the home. One staff member said, "Providing person centred care, it's my whole life. All residents are very important to me." This staff member told us they took their caring responsibilities seriously as they helped people who were vulnerable and told us it was their job to support them. This staff member said, "I know the people as individuals. I do the same as I would want to be cared for."

The provider told us they had a very good staff team who continually cared for people who lived at Quinton House. The provider said they knew they had a caring team because they received written compliments from people and families about the staff team. We saw examples of comments and cards family members had written thanking the staff and provider for their support. The provider said staff commitment was recognised because, "We have been given a donation from a relative to put towards the staff team's Christmas party."

The provider told us they were gathering evidence to be enrolled onto the Gold Standards Framework (GSF) so their end of life care could be assessed and accredited. The provider said this would help demonstrate the standards of care provided, especially around end of life. The GSF is a national programme of care that enables staff to provide a gold standard of care for people nearing the end of life. At the time of our visit no one had an end of life care pathway, however we asked staff to tell us how they supported people and families. One staff member shared their experiences with us and said what they and other staff did to be respectful when someone had passed away. They said, "As a staff team we came up with a red rose which we put on their door. This lets other staff know people are at end of life, or who have recently passed away." This staff member said this helped staff know so they would be more sensitive and respectful of people and family's needs. This staff member said the GP became more involved and reviewed medicines and treatment more regularly for people at end of life. This was to ensure people were supported to be as comfortable as possible.

We spent time in the communal areas observing the interaction between people and the staff who provided care and support. We saw staff were caring and compassionate towards people, engaged them in conversations and addressed people by their preferred names. Staff were friendly and respectful and people appeared relaxed with staff. Staff responded to people's needs and staff regularly checked on people throughout the day, especially those with limited mobility to make sure they were comfortable.

People told us they received care from staff who knew and understood their personal history, likes, dislikes and how they preferred to spend their time. Staff said personal information was recorded in people's care records and a summary was kept in people's rooms. Staff told us this provided them with important information about people's lives and what relationships were important to them before they lived at the home. Speaking with staff demonstrated they had an in depth knowledge about the people they cared for. For example, one staff member told us about a person's previous life history such as past employment and important family relationships.

People who were independent told us staff respected their choices and supported them to be as independent as they wanted, for example washing themselves, dressing, or supporting them at bed times or with medicines. Staff gave people choices about how and where they spent their time. One staff member understood they played an important role in providing choice. They said "It's our responsibility for ensuring people have choices, food, drink, what to wear,

Good

Is the service caring?

when to get up. We talk to the family if we are not sure." Most people spent time in communal areas and we saw people were friendly with each other and engaged each other in light hearted conversations.

Staff we spoke with had a good understanding and knowledge of the importance of respecting people's privacy and dignity. We saw staff spoke with people quietly, discreetly and spoke to people on their level, for example kneeling to speak with people in wheelchairs. When people needed personal care, staff supported people without delay to carry out any personal care needs discreetly. Staff told us they protected people's privacy and dignity by making sure all doors and windows were closed and people were covered up as much as possible when they supported them with personal care. One staff member said, "I always cover a person with a towel to maintain their dignity." Staff were respectful when providing support to people who occupied shared rooms and said they always closed the privacy curtain before any care or support was provided.

Good

Is the service responsive?

Our findings

People told us the care and support they received was centred around their needs and staff responded in a timely way when they needed support. People told us they felt involved in their care decisions and were able to express their views about the care and support they received. One person said, "If I want something, staff help, they are marvellous. You only have to ask." Another person said they were not concerned when asking for help and found staff responded to their requests for support and staff knew what their needs were. This person told us, "I can't fault the staff. They know what I like and don't like and what I need."

Staff said communication between nurses and senior staff was excellent and this meant staff had the necessary up to date knowledge to meet people's individual needs. One staff member told us, "If you learn something then you write it down, like what makes them tick and make sure you hand it over (information) so everyone knows." Staff told us they were informed of changes in people's needs at the staff handover meeting at the beginning of their shift. They said the handover provided them with important and useful knowledge about the people they supported. Staff told us this was vital, particularly if people's needs had changed since they were last on shift. Staff told us their knowledge of handover was tested. One staff member told us the provider attended handover and would ask staff how a particular person was feeling and how they needed supporting, to check staff knew. They said, "You need to pay attention."

Care plans and assessments contained information that enabled staff to meet people's needs. For example, these plans showed how people wanted to be cared for, their preferred routines, if people were at risk and how they wanted staff to support them. For example, staff told us they addressed people by their preferred names. One staff member said, "If someone wants to be greeted in a particular way then we make sure everyone knows. One lady likes to be greeted with, good morning in Polish. We have all learnt it and say it." A copy of people's care plans was kept secure so people could be confident their personal information was kept private and confidential.

Throughout our visit staff constantly referred to the care people received as person centred. Staff told us people received care centred around their needs and when their needs change, care was reviewed and tailored to meet people's changing needs. We looked at two care plans and found care records supported people's wishes and people had been involved in their care decisions. For example, one care record showed staff had been proactive in responding to one person who experienced skin tissue breakdown. Staff followed health care professional's advice and continued monitoring and actions taken by staff prevented further deterioration of the person's condition. We spoke with this person who told us they were thankful for the support they received from staff and the actions taken. They said, "They are all wonderful."

People had a variety of activities that helped keep them mentally and physically stimulated. We found people were supported to maintain their hobbies and interests and people told us there was a range of activities they enjoyed. Comments made were, "The activity man (staff member) is good, he takes me out when I want to go" and "I had a lovely day at Stratford down the river, we had tea and cakes and we took a picnic. That was nice." Some people preferred one to one activities and some people told us they enjoyed reading and sitting in quieter areas of the home, enjoying their own company. One person we spoke with said, "We like to sit here (conservatory) and have a chat, we all get on."

People knew how to make a complaint and no one we spoke with had made any complaints about the service they received. One person said, "I have no complaints what so ever. If I did, I would tell [The provider]. He always listens." Information was available in the home for people and relatives about how they could make a complaint and who they should contact if they were not satisfied with the response.

The provider told us complaints were taken seriously although no written complaints had been received in the last 12 months. The provider said they and the deputy managers were always available should anyone want to make a complaint or raise their concerns and had an 'open door'. From speaking with the provider, management team and staff we found any concerns people or relatives had were usually addressed which prevented written complaints being made.

Good

Is the service well-led?

Our findings

People and relatives we spoke with had no concerns about the quality of care provided at Quinton House and found the provider and staff team open and approachable. All of the people we spoke with were extremely positive about the support they received from the provider. One person we spoke with told us, "Mr Bill (provider) is great. Everything here is all for our good. He is a wonderful man. We get everything we need." People told us they felt able to make their opinions known if they were not satisfied with the service they received, and were confident action would be taken. One person said, "You can say things and [The Provider] listens" and another person said, "If I had a problem, I would soon sort it out, they are quite accommodating."

The PIR sent to us prior to the inspection showed the home did not have a registered manager in post. The provider told us the registered manager had left the service in July 2015 and they continued to manage the home by being, "Hands on." The provider told us they played an integral part in making sure the home continued to meet people's needs and people received a quality service. The provider internally promoted two nurses to deputy managers in the interim to make sure staff and people had managers they could approach. People, staff and the provider were complimentary in how the home was managed following their appointment.

The provider told us when they received the PIR prior to this inspection, "This was a wakeup call for us." The provider and deputy managers told us they used this as a tool to, "Recognise what improvements were required and where they needed to focus their attentions." For example, the PIR requested information about people who had an approved DoLS. We found this prompted the provider to seek further guidance from the supervisory body about submitting further applications where people's liberties may be restricted.

The provider told us their management style was to lead by example. They said they spoke with everyone living at home each day which people confirmed. They said they used this opportunity to check if people were happy with the support they received from staff and the managers. They told us they completed a daily walk around to identify any concerns people had and to make sure people received care in a safe environment. People and staff told us the provider and deputy managers had an open door policy and said they would have no hesitation in speaking with them if they had concerns.

The provider's vision for the home was to be, "The best in Warwickshire." The provider had signed up to the GSF and was collating evidence that would help demonstrate their commitment to providing good quality care in dementia and end of life care. This was also supported by their commitment to train staff towards the care certificate so they had staff to deliver the quality care people required.

Staff told us they had regular staff meetings and supervision meetings which provided them with an opportunity to discuss any concerns or training needs and opportunities that led to their development. Comments staff made were, "Supervision is good you can talk about things and learn", "We have regular supervision. We discuss training and professional development. It's good" and "When I started I asked for management training. (Provider) agreed and sent me. It really helped.

There were systems in place to monitor the quality of the service which were completed by the deputy managers and the provider. This was through a programme of audits, including checks for care plans and medicines audits. Quality checks were also completed and monitored by the provider to ensure any actions identified for improvements had been taken.

There were systems to monitor the safety of the service. We looked at examples of audits that monitored the quality of service people received. For example health and safety, infection control and fire safety. These audits were completed on a regular basis to make sure people received their care and support in a way that continued to protect them from potential risk. The provider recorded incidents and accidents on a monthly basis and completed regular analysis to identify any patterns or trends. Where they identified people had fallen, support had been sought from other healthcare professionals such as occupational therapists or falls teams. This made sure potential risks to people were minimised.

People and relatives were able to share their feedback and suggestions about the service they received. They could do

Good

Is the service well-led?

this by attendance at meetings or through the provider's annual quality survey questionnaire. We looked at the results of the last questionnaire and found people were satisfied with the service they received.

The provider understood their legal responsibility for submitting statutory notifications to the CQC, such as incidents that affected the service or people who used the service. During our visit we found inconsistencies with the submitted statutory notifications for people who had an approved DoLS. The provider said that following the registered managers absence they were making improvements to their systems so in future we would receive the correct statutory notifications. The provider assured us improvements would be made and they would submit any outstanding statutory notifications that had not been sent.