

Tulip Care Limited

# Woolston Mead

## Inspection report

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### Ratings

Overall rating for this service

Good



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



### Overall summary

We carried out an unannounced comprehensive inspection of this service on 23 July 2015 and identified four breaches of regulation in the 'Safe' and 'Effective' domains. The breaches of regulation were related to concerns we identified about: the management of medicines; protecting people from abuse; the management of individual risk and the arrangements for seeking the consent of people to provide support and care. We asked the provider (owner) to take action to address these concerns. We issued the provider with a warning notice in relation to the management of individual risk and told the provider to address these issues by 17 April 2015.

In addition, we identified minor concerns within the 'Responsive' and 'Well-led' domains. We made a recommendation in relation to the concern identified in the 'Responsive' domain.

Following the comprehensive inspection the provider wrote to us to tell us what they would do to meet legal requirements in relation to the breaches. We undertook a focused inspection on 23 July 2015 to check that the provider had met legal requirements identified in 'Safe' and 'Effective'. We also looked at whether the concerns identified in the 'Responsive' and 'Well-led' domains had been addressed. The domain 'Caring' was not assessed at this inspection as it was rated 'Good' at the inspection in

# Summary of findings

February 2015. You can read the report from our comprehensive inspection, by selecting the 'all reports' link for 'Woolston Mead' on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Woolston Mead care home is situated in a quiet residential area and is registered to provide accommodation and personal care for 28 people. Accommodation is provided on four floors with two lounges on the ground floor and a dining room in the basement. A passenger lift and stair lift provides access to all areas of the home. The home is located close to local amenities and transport links.

Twenty people were living at the home at the time of our inspection.

A registered manager was not in post at the time of our inspection. The registered manager had left the service in April 2015. A new manager had started in November 2014 and they had submitted an application to register with the Care Quality Commission (CQC). A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

We found that significant improvements had been made in all areas we had concerns about and the previous breaches had been met. The improvements also meant that the requirements of the warning notice had also been met.

Risk assessments and care plans had been revised for the people living at the home. These were individualised to the person and the care plans provided clear and concise information about how each person should be supported. We observed a person being supported with a personal care activity and staff did this in accordance with the care plan. Risk assessments and care plans were reviewed on a monthly basis or more frequently if needed. They were revised to reflect people's changing needs.

The staff we spoke with could clearly describe how they would recognise abuse and the action they would take to ensure actual or potential abuse was reported. Staff confirmed they had received adult safeguarding training and were aware of what to do if they had a safeguarding

concern. The adult safeguarding policy had been revised in April 2015 and was now reflective of the service provided at the home and the local area safeguarding procedure.

Staff had been appropriately recruited to ensure they were suitable to work with vulnerable adults. People living at the home, families and staff told us there was sufficient numbers of staff on duty at all times.

Staff told us they were well supported through regular supervision and appraisal. They said the new manager had arranged training and they were up-to-date with the training they were required by the organisation to undertake for the job. Training records confirmed this.

Safeguards were in place to ensure medicines were managed in a safe way. Medicines were administered from a trolley that was stored in a secure and dedicated medication room when not in use. Staff wore a red tabard to highlight they must not be disturbed while giving out medicines. A new controlled drug cupboard had been purchased and the a new thermometer for the medicines fridge.

The building was clean, well-lit and clutter free. Measures were in place to monitor the safety of the environment and equipment. A refurbishment programme was in place; internal decoration had taken place, a new nurse call system had been fitted and new carpets were on order.

The local fire and rescue service had visited the home on four occasions between April and May 2015 and concerns with fire prevention measures had been identified. On the last visit, the manager confirmed that the fire officer was satisfied that all concerns had been addressed. We found that staff had wedged some fire doors in the open position. In addition, we found some closure devices on fire doors were ineffective in fully closing the doors and other fire doors were ill-fitting. The manager said they would address this with the maintenance person for the home.

Pictorial signage had been put in place to ensure different formats of communication were available for people. For example, the menus were available in pictorial format.

# Summary of findings

People's individual needs and preferences were respected by staff. They were supported to maintain optimum health and could access a range of external health care professionals when they needed to.

People told us they were satisfied with the meals. Two relatives we spoke with said the food was good and one relative said the menus had improved. A relative told us the chef prepared a different meal if his relative who lived at the home did not like what was on the menu.

Staff had a good understanding of people's needs and their preferred routines. We observed positive and warm engagement between people living at the home and staff throughout the inspection. An activities coordinator had been appointed and a varied programme of recreational activities was available for people to participate in.

Staff sought people's consent before providing support or care. The home adhered to the principles of the Mental Capacity Act (2005). Applications to deprive people of their liberty under the Mental Capacity Act (2005) had been submitted to the Local Authority.

The culture within the service was open and transparent. Staff and people living there said the management was both approachable and supportive. They felt listened to and involved in the running of the home.

Staff were aware of the whistle blowing policy and said they would not hesitate to use it. Opportunities were in place to address lessons learnt from the outcome of incidents and complaints.

A procedure was established for managing complaints and people living at the home and their families were aware of what to do should they have a concern or complaint. No formal complaints had been received within the last 12 months.

Audits or checks to monitor the quality of care provided were in place and these were used to identify developments for the service.

# 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 not always safe.

A refurbishment programme was underway. Internal decoration had taken place and new carpets were due to be fitted. We found that some fire doors had been retained in an open position and other fire doors were ill-fitting.

Risk assessments had been undertaken and care plans had been developed based on each person's individual needs.

Staff understood what abuse meant and knew what action to take if they thought someone was being abused.

Safeguards were in place to ensure the safe management of medicines.

There were enough staff on duty at all times. Staff had been checked when they were recruited to ensure they were suitable to work with vulnerable adults.

Requires improvement



### Is the service effective?

The service was effective.

Staff sought the consent of people before providing care and support. The home followed the principles of the Mental Capacity Act (2005) for people who lacked mental capacity to make their own decisions.

People told us they liked the food and got plenty to eat and drink.

People had access to external health care professionals and staff arranged appointments readily when people needed them.

Staff said they were well supported through supervision, appraisal and on-going training.

Good



### Is the service caring?

The service was caring.

People told us they were happy with the care they received. We observed positive engagement between people living at the home and staff.

Staff treated people with respect, privacy and dignity. They had a good understanding of people's needs and preferences.

Good



### Is the service responsive?

The service was responsive.

People's care plans were regularly reviewed and reflected their current and individual needs. We observed that care requests were responded to in a timely way.

Good



# Summary of findings

A varied programme of recreational activities was available for people living at the home to participate in.

A process for managing complaints was in place. People we spoke with knew how to raise a concern or make a complaint.

## **Is the service well-led?**

The service was well led.

Staff spoke positively about the leadership and transparent culture within the home. Staff and relatives said they were informed about and included in changes happening at the home.

Staff were aware of the whistle blowing policy and said they would not hesitate to use it.

Processes for routinely monitoring the quality of the service were established at the home.

**Good**



# Woolston Mead

## 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. The inspection was undertaken to check that improvements had been made after our comprehensive inspection on 24 and 25 February 2015. We inspected the service against four of the five questions we ask about services: Is the service safe? Is the service effective? Is the service responsive? Is the service well led? This is because the service was either not meeting legal requirements in relation to these questions or we had other concerns in relation to the questions.

This unannounced inspection took place on 23 July 2015. The inspection team consisted of two adult social care inspectors.

Before our inspection we reviewed the information we held about the home. This usually includes a Provider

Information Return (PIR) but CQC had not requested the provider (owner) submit a PIR. A 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. We looked at the notifications and other information the Care Quality Commission had received about the service. We contacted the commissioners of the service to see if they had any updates about the service.

During the inspection we spent time with three people who lived at the home and two relatives who were visiting people who lived at the home at the time of our inspection. In addition, we spoke with the manager, a senior care worker and two care staff.

We looked at the care records for four people living at the home, medication records and documentation relevant to the quality monitoring of the service. We looked round the home, including some people's bedrooms, bathrooms, dining rooms and lounge areas.

# Is the service safe?

## Our findings

When we carried out the comprehensive inspection of Woolston Mead in February 2015 we identified three breaches of regulation in relation to keeping people safe. The 'safe' domain was judged to be 'inadequate'. This focussed inspection checked the action the provider had taken to address the breaches in regulation. The breaches of regulation were in relation to the management of medicines, protecting people from abuse and the management of individual risk.

At the previous two inspections we found numerous examples where individual risk assessments and associated risk management plans did not reflect the risk the person presented with. The risk assessments and care plans had not been revised despite the records indicating that these documents had been routinely reviewed each month. We issued a warning notice in relation to the management of individual risk and told the provider to address these issues by 17 April 2015.

The manager advised us that the needs of all the people living at the home had been reviewed with them and/or discussed with their representative. Risk assessments and care plans had been revised accordingly. We looked at the care records for five people and discussed their care with staff. A range of risk assessments had been completed for each person and were reviewed monthly or more frequently if necessary. These included a falls risk assessment, mobility assessment, nutritional and a skin integrity assessment.

Care plans related to risk were in place and these provided detailed guidance for staff on how to minimise the risks for each person. We saw a good example of a care plan to guide staff in supporting a person who sometimes displayed behaviour that challenges when being supported with personal care. It provided information about what would trigger the behaviour and step-by-step guidance so staff could minimise the behaviour. We observed staff supporting the person in accordance with their care plan. Staff said the new approach worked and the person now became less upset when being supported. We could see that care plans were revised as people's needs changed and it was recorded that families/representatives were informed of the changes.

The breach of regulation regarding the protection of people from abuse was in relation to the adult safeguarding policy not reflecting the service or the local arrangements for reporting any concerns. The manager had reviewed the policy in April 2015 and it was now appropriate to the service. It included a clear flow chart outlining what to do if a member of staff was concerned a person living at the home was being abused. It also included the local contact details for reporting concerns. The training records informed us that the full staff team was up-to-date with their adult safeguarding training. Staff we spoke with had a good understanding of what constituted adult abuse and what to do if they had any concerns. People living at the home told us they felt safe living there and one person said to us, "I feel very safe, I'm glad to be here".

The breach of regulation in relation to medicines mainly related to unsafe arrangements for the management of controlled drugs. Controlled drugs are prescription medicines that have controls in place under the Misuse of Drugs legislation. At this inspection we found that the controlled drugs were stored safely. A new storage facility had been purchased that was lockable and secured to the wall. The controlled drug book had been signed by two members of staff when medicines were administered. A check of the amount of each controlled drug remaining was routinely recorded each time a person received the medicine.

Medicines requiring cold storage were appropriately located in the medicines fridge. A new thermometer had been purchased and we could see that the fridge temperatures were being checked and recorded each day. The temperature of the medication room was also recorded each day.

People living at the home did not highlight any concerns related to their medicines. We observed a member of staff giving out the medicines at an appropriate time in the morning and again at lunchtime. This was done in a calm and unhurried way. The member of staff stayed with each person until they had taken their medication.

General medicines were held in a locked trolley in a dedicated lockable room. The medicines were administered from the trolley. The member of staff wore a red tabard that reminded people and visitors not to disturb them when administering the medicines. This was important to minimise any distractions that could result in medication errors. We looked at a selection of medication

## Is the service safe?

administration records (MAR). They included a picture of each person and any special administration instructions. Arrangements were also in place for people to look after and take their own medication. One person managed some of their own medication and a mental capacity assessment had been undertaken to ensure they were safe to do so. Body maps were used to show where topical medicines (creams) should be applied.

A small number of people were prescribed medicines only when they needed it (often referred to as PRN medicine). Staff were able to describe for us how they identified when people needed the medicine, usually for pain relief. Although people had medication care plans in place, these did not include enough detail to indicate when the PRN should be administered. The manager agreed to develop these PRN plans immediately.

The medicines policy had been reviewed in April 2015. However, the manager provided us with a draft copy of a new policy they had developed. This was more reflective of the service provided at the home and had captured the main elements outlined in the NICE guidance for managing medicines in care homes. NICE (National Institute for Health and Care Excellence) provides national guidance and advice to improve health and social care. Staff had access to an up-to-date nationally recognised medication reference book (referred to as the British National Formula or BNF) to check any queries they may have about a particular medicine. All staff had up-to-date medication training.

Staff told us there had been no new staff start since the last inspection. We had looked at the personnel files for the recently recruited members of staff at the last inspection. All recruitment checks had been carried out to confirm the staff were suitable to work with vulnerable adults. Two references had been obtained for each member of staff.

Mixed views were expressed by people living at the home about the staffing levels. One person said, "Staff numbers sometimes feel too low" but they did not elaborate on this or give a reason as to why they thought the staffing levels were low. Other people said the staffing levels had improved. We noted that a dependency assessment was in place for each person and these were reviewed each month. These assessments are often used to make an informed decision to decide staffing levels. Staff informed us that none of the people living at the home had high dependency needs.

We observed that there were sufficient numbers of staff on duty on the day of the inspection. People's needs were met in a timely way and staff took the time to chat with people whilst supporting them. All the staff we spoke with said the staffing levels had improved greatly. A member of staff said, "We get time to do all of the work and speak to residents." Since the last inspection both a cleaner and activities coordinator had been appointed, which care staff said they found very supportive.

The environment was assessed by the local Council in December 2014 and a number of legal requirements were identified in relation to current health and safety legislation. At the previous inspection we looked around the building and the manager showed us the work undertaken to meet the requirements. At the time we noted an internal stairwell was located near to bedrooms and was not secure. It could present a risk to falls. The stairwell had been made more secure to minimise the risk of people falling. The manager also advised us that the window restrictors had been replaced a number of times to ensure they met the current requirements. A range of checks related to the environment and equipment were routinely carried out. These included water safety checks, portable appliance testing, gas safety and bedrail checks.

An external company conducted a fire risk assessment on 27 April 2015. A number of recommendations were made to be addressed over a 3-6 month period. We could see that the manager had checked these as completed. In addition, the local fire and rescue service had visited the home on four occasions between April and May 2015. The home was served with a failure to comply notice on 6 May 2015. The fire officer had visited since and the manager told us he confirmed the home had met the notice. New systems had been put in place to minimise the risks associated with fire. As a result we could see that fire checks and fire drills took place on a regular basis.

We had a look around the building and observed some fire doors were retained in an open position with various objects. This is unsafe practice as the purpose of fire doors is to slow the spread of fire. This meant people were at risk in the event of a fire occurring. We also found some closure devices on fire doors were ineffective in fully closing the doors and other fire doors that were ill-fitting. This meant the doors did not provide a proper seal in the event of fire. The manager confirmed that on the last visit in May 2015, the fire officer advised that the home was now compliant



## Is the service safe?

with the fire regulations. The manager said she constantly reminded staff not to wedge open fire doors and we confirmed this through her recorded communication with staff. The manager said she would ask the maintenance person to check all the fire doors.

A detailed Personal Emergency Evacuation Plan (PEEP) had been developed for each person living at the home.

# Is the service effective?

## Our findings

When we carried out the comprehensive inspection of Woolston Mead in February 2015 we identified a breach of regulation in relation to seeking appropriate consent from people regarding their support and care. The 'effective' domain was judged to be 'requires improvement' This focussed inspection checked the action the provider had taken to address the breach in regulation.

At the previous inspection staff demonstrated limited understanding of the 2005 Mental Capacity Act (MCA), deprivation of liberty safeguards (DoLS) and restrictive practices. The MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. DoLS is part of the Mental Capacity Act (2005) and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests.

Since the previous inspection the full staff team had received MCA training. The staff we spoke with were clear about the principles of the MCA applied in care home settings. The care records we looked at reflected this. Each person had a general capacity assessment in place to provide an overview of their ability to make decisions. Where it was identified that people lacked capacity then a separate assessment was completed. It identified the decisions the person needed support with making and who would support them to make that decision. For example, decisions about medication were identified for many of the people living at the home. The care records showed that families had been consulted and had been involved in the decision making. Mental capacity assessments were routinely reviewed to check whether people's capacity had altered.

At the time of the inspection nobody living at the home had a DoLS plan in place. The manager advised us that an

application had been forwarded to the Local Authority for all the people who needed it. Some assessments had been carried out by the Local Authority and some assessments were pending.

The staff we spoke with confirmed they were up-to-date with the training the provider required them to complete. They told us they had received significantly more training since the new manager started. The training monitoring record showed very few gaps in the training and the manager confirmed that gaps related to either the newest staff awaiting training or staff absence. Training topics included: first aid; food hygiene; moving and handling; dementia; adult safeguarding; behaviour that challenges; medication and dignity and privacy. Furthermore, the staff we spoke with confirmed they received regular supervision and appraisal. Records we looked at supported this.

People we spoke with and a relative we spent time with said staff were supportive in ensuring people's health care needs were met. The care records confirmed that people had access to primary care services and specialist services depending on their needs. Records were maintained of each person's consultation with health care professionals. Assessments and care plans were in place in relation to each people's health care needs and these were reviewed on a monthly basis. They were revised depending on the outcome of the review.

Overall, people we spoke with were satisfied with the food. Two relatives we spoke with said the food was good and one relative said the menus had improved. One of the relatives told us the chef prepared a different meal if his relative who lived at the home did not like what was on the menu. One person was not so keen on the meals but they acknowledged that their tastes were very specific. They preferred spicier food and said the food was too plain. They said the staff tried their best and they were offered choice but it was not quite the food they were used to. People had a choice at each meal. Menus were displayed and they were also in pictorial format. We observed that people were offered snacks and drinks throughout the day.

# Is the service caring?

## Our findings

This domain was not followed up as it judged to be 'Good' at the previous inspection.

# Is the service responsive?

## Our findings

When we carried out the comprehensive inspection of Woolston Mead in February 2015 the 'effective' domain was judged to be 'requires improvement'. This was because the service did not embrace a person-centred approach in a meaningful way. In addition, people's recreational and social needs were not being effectively met. We made a recommendation about this. This focussed inspection checked the action the provider had taken to improve practice.

Throughout the inspection we observed staff responding to people's requests and needs in a way that was individual to each person. We also observed staff interacting in a caring, respectful and responsive manner with people. People living at the home told us staff were responsive to their needs. They said they could get up and go to bed at a time that they wished. They told us staff encouraged them to make choices such as choosing what to wear and what meal to have from the menu. In addition, people told us staff contacted the doctor promptly if they felt unwell.

At the previous inspection information in the care records about people's life history and preferred routines was inconsistently recorded. For some people, this information was either too scant or not in place. At this inspection we found that the care records had been significantly improved. A 'Support plan at a glance' was in place for each person and it provided a detailed overview of the person's preferred way in which they liked to be supported. Each person's preferred times for getting up and going to bed were identified in the records. Assessments and care plans were routinely reviewed to ensure they were current. We could see that care plans were refreshed as people's needs changed.

The care plans were specific to each person's needs. They provided step-by-step detail about how to support the person. Some people had specific ways they liked staff to approach and interact with them. Staff gave us an example of how a person used to become upset with certain necessary care activities. Since staff started consistently following the new care plan the person was more settled. We could see from the records that the input of health professionals was sought promptly if a person needed it. Families were also informed in a timely way of any changes to their relative's needs.

Previously only the manager or deputy manager was involved in developing care plans. The manager was now involving senior care staff in developing care plans. In relationship to the care plans a senior care staff, "We are now doing the care plans. It gives a good insight into the resident's needs."

To ensure people effective communication was in place for all people living at the home, the manager had introduced pictorial methods of communication. For example, a picture menu had been introduced. Pictures were used in bedrooms to indicate what was stored in cupboards and wardrobes. Staff said this approach was helpful for people with limited vision or people living with dementia.

Staff told us that the range and frequency of activities had improved. An activities coordinator had been appointed since the last inspection and they worked 15 hours a week at the home. They mainly spent time with individuals on a one-to-one basis either engaging in an activity within the home or supporting people to access the local community. The activities coordinator also organised entertainment provided by external companies. The manager told us that activities were very much focussed on individual preference. For example, some people living at the home liked to help out around the home and enjoyed setting the table or helping staff to put laundry away. People living at the home were positive about the new approach to activities. Regarding the activities coordinator a person said to us, "She's very helpful. Very kind to people."

We noted that an easy-read leaflet was displayed on the notice board in the foyer advising people what to do if they were unhappy about something or wished to make a complaint. People living at the home said they would feel comfortable raising concerns with the manager. A complaints procedure was in place. The manager confirmed that no complaints had been received in the last the last inspection. There was an open door policy and the manager said that people or relatives called to the office to discuss any concerns they had. A structure of meetings for people at the home was in place and this provided a forum for people to share their views about the service.

Although it was clear the new manager was making positive change to ensure staff supported people in a person-centred way, it was too early to tell if this person-centred culture had fully bedded in and was

## Is the service responsive?

sustainable going forward. For this reason we have not revised the rating above 'Requires improvement'. To improve the rating to 'Good' would require a longer term track record of consistent good practice.

# Is the service well-led?

## Our findings

When we carried out the comprehensive inspection of Woolston Mead in February 2015 the 'well-led' domain was judged to be 'requires improvement'. Although the new manager had started to make changes, most notably promoting a meaningful approach to person-centred care, it was too early to fully see the positive impact these changes were having in positively developing the service.

The registered manager left the service shortly after our inspection in February 2015. The new manager had started working at the home shortly before the inspection. They had applied to CQC to register as manager and were confirmed as registered manager for the service not long after this inspection.

We asked people living at the home their views about how the home was managed. The feedback we received was positive and people said they were included in discussions about any changes. A person said to us, "[The manager] has made a lot of changes. It's a very good home. [The manager] had everything painted. She's worked very hard. She talks to us about the changes".

We asked the same question of relatives and again received positive feedback. Relatives said the quality of care and communication from staff was good. A relative said, "If you want to know anything, they're [staff] there." Another relative said, "The quality is very good."

At the previous inspection staff identified an environmental refurbishment and better access to training as the key challenges for the service. Staff told us at this inspection that they had received the training they needed and training records confirmed this. A refurbishment was underway. The paintwork had been refreshed internally and new carpets had been ordered. The outside of the building was scheduled to be repainted over the summer. A new nurse-call system had been fitted.

We also asked staff their views of the leadership and management of the service. Overall, they told us the morale amongst staff had improved greatly and the staff were working better together as a team. All the staff we spent time with spoke highly of the manager. A member of staff said to us, "I'm finding it much better with the new manager". There is a better atmosphere and the team work has improved. You know where you stand." Another

member of staff told us, "The atmosphere is more relaxed and the manager is good. She has opened our eyes to things we did not know. You can speak to her and she will act on things you raise."

We asked staff about whistle blowing. They were aware of what whistle blowing meant and said a policy was in place at the home. Staff said they would have no hesitation in raising any concerns with the manager. A member of staff said to us, "Everybody is happy that we can speak about things without any repercussions."

Staff meetings were held on a regular basis. We looked at the minutes of the last staff meeting held in June 2015. We could see that a person-centred approach was the overarching theme of the meeting, including ensuring the care plans were developed in a person-centred way and the use of pictorial forms of communication. Staffing levels, team work, incident reporting and medication checks were also topics for discussion. We could see that staff received feedback on the outcome of audits. Team meeting dates were scheduled until December 2015.

At the previous inspection we found that some policies were not bespoke to the service. At this inspection we noted that the policies had been reviewed in April 2015. The manager advised us that some policies had been rewritten to ensure they reflected the service provided. For example, the policy on mental capacity included a flow chart for good practice. The manager advised us that the medication was being rewritten and they sent us a copy of the new policy after the inspection.

A range of audits and checks were in place and they were used to monitor the quality and safety of the service. They included audits of: first aid boxes; laundry; cleaning; maintenance; environment; nurse call system; daily reports and a care plan audit. We could see that these audits took place on a regular basis. Where deficits or concerns had been identified then action had been taken.

We looked at the incident reporting system and could see that the manager reviewed each incident and recorded actions for staff if required. A log was maintained of incidents, mainly falls, and was analysed to check for any emerging themes and patterns.

The manager ensured that CQC was notified appropriately about events that occurred at the home. Our records also confirmed this.