

Mr Geoffrey Walden Knights

Chypons Residential Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This unannounced inspection of Chypons was conducted by two inspectors on 6 October 2015. Chypons provides accommodation and personal care for up to 25 people who do not require nursing care. At the time of this inspection there were 24 people living at the service.

The service was managed by a registered manager and the provider was in the process of appointing and second registered manager for the service. 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.

When previously inspected in October 2014 we found the service required improvement and identified two breaches of the regulations. During our current inspection we found the service had taken appropriate actions to address and resolve the concerns we had previously identified.

Summary of findings

All of the people we spoke with told us they felt safe at Chypons and one person commented, “Everything here is great”. Relatives commented, “If I had to score it out of ten I would give it a ten.” While staff told us, “Everyone is safe I have no concerns about anyone’s practice” and, “The residents are perfectly safe, I would say if I was not happy about something.”

Staff had received training in how to recognise and report abuse. All were clear about how to report any concerns both within the service and to the local authority. Posters displayed throughout the home provided people and their relatives with information on how to report any concerns about people’s safety directly to the local authority.

There were sufficient numbers of suitably trained staff to meet the needs of people who used the service. The service currently had no staff vacancies and our review of the services staff roster showed the staff team had been able to provide appropriate cover during periods of staff sickness.

Staff had received training to enable them to support people with their medicines and the service had appropriate and effective procedures in place for the management of medicines within the home. Medicine audits had been regularly completed.

New members of staff received induction training in accordance with current best practice and the training needs of the staff team had been met.

During our previous inspection we identified that Chypons did not have appropriate systems in place to provide formal supervision for the staff team. During this inspection we again found that staff had not received appropriate supervision. The manager had delegated responsibility for individual’s supervision to other member of senior staff in March 2015 but this had not resulted in staff supervision meetings. The registered manager was aware that staff needed supervision but accepted that this had not been provided.

The managers and staff understood requirements of both the Mental Capacity Act 2005 and associated Deprivation of liberty safeguards. We found that a number of best

interest decisions had been made with the appropriate involvement of people’s family members and health professionals. On arrival we found the service’s front door was unlocked and the people were free to move around the service as they wished. One person told us they intended to go into town later in day.

People told us they enjoyed the tasty home cooked meals at Chypons. The cook was able to cater for people with special dietary requirements and where necessary staff maintained records of the quantities of food and drinks people had consumed.

People told us their staff were; “Lovely”, “Kind” and, “Marvellous.” We found staff knew people well and understood their specific care needs. Throughout our inspection we observed that staff were not rushed and were able to spend time chatting, laughing and joking with people. One person said, “They [the staff] are a good laugh” and staff commented; “The people here are great” and, “I love it here, the residents are great.”

People told us, “There is enough to do here” and staff commented “There is quite a bit going on”. The service had an activities coordinator and found staff supported people to engage with their hobbies and interests. Activities records showed staff also provided appropriated activities for people who remained in their own rooms.

People and their relatives told us they had no concerns about the service and felt if they reported any concerns they would be resolved appropriately by the service management. The service regularly received compliments for people and their relatives and responses to a recently conducted survey had been entirely positive.

The service was well led. The provider regularly visited the home and was in the process of appointing a second registered manger to ensure staff received appropriate leadership seven days per week. Staff told us, “The manager is approachable” and “The registered manager is amazing.” The registered manager knew people well and understood and recognised people’s specific care needs.

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. Recruitment procedures were safe and staff understood both the providers and local authority's procedures for the reporting of suspected abuse.

There were sufficient staff available to meet people's assessed care needs and the service managed people's medicines safely.

Risks were appropriately managed and where accidents had occurred these had been fully investigated. Concerns raised about safety during our previous inspection had been addressed and resolved.

Good



Is the service effective?

The service was not always effective. The service had not provided staff with necessary supervision. This issue had been raised during our previous inspection but had not been resolved.

New members of staff received induction training in accordance with current best practice. Staff training needs had been met, however we observed that staff did not consistently use appropriate equipment when supporting one person to mobilise.

People's choices were respected. Managers and staff understood the requirements of the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards.

Requires improvement



Is the service caring?

The service was caring. People and staff got on well together and enjoyed each other's company.

People's privacy was respected and staff provided compassionate and caring support.

Good



Is the service responsive?

The service was responsive. People's care plans were detailed and provided staff with sufficient information to enable them to meet people's care needs.

Information about any changes to people's needs was effectively shared with staff as they came on duty through the service's handover meetings.

Staff supported people to engage with a wide variety of activities within the service.

Good



Is the service well-led?

The service was well led. The registered manager had provided staff with appropriate leadership and support and the staff we spoke with were well motivated.

Good



Summary of findings

Quality assurance systems were appropriate and accidents and incidents had been effectively investigated.

The provider was changing the service's management structure to ensure staff were supported by a registered manager every day.

Chypons Residential Home

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 checked 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 6 October 2015 and was unannounced. The inspection team consisted of two inspectors. Chypons provides accommodation and personal care for up to 25 people who do not require nursing care. At the time of our inspection there were 24 people using the service.

The service was previously inspected on 16 October 2014 when it was found to require improvement and two

breaches of regulation were identified. Prior to the inspection we reviewed the Provider Information Return (PIR), previous inspection report and action plan. 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. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we met and spoke with the seven people who used the service, four relatives who were visiting, six members of care staff, the registered manager, deputy manager, and the service provider. In addition we observed staff supporting people throughout the home and during the lunchtime meal. We also inspected a range of records. These included three care plans, three staff files, training records, staff duty rotas, meeting minutes and the services policies and procedures.

Is the service safe?

Our findings

At our previous inspection on 16 October 2014 we found this service was not safe because staff pre-employment checks had not been completed and risks had not been appropriately identified or effectively managed.

During this inspection we found the services recruitment processes were now robust. Appropriate disclosure and barring service checks had been completed and references requested for all prospective new members of staff before they began providing care within the service.

Each person's care plan now included detailed risk assessment designed to ensure the safety of individuals and staff while enabling people to take risks when they wished to. Risk assessments were sufficiently detailed and contained guidance for staff on the action they must take to protect people from each identified risk. We found these assessments had been regularly reviewed and up dated to ensure the acutely reflected current levels of risk to the person.

During our previous inspection we identified that potential risks from an unalarmed fire door had not been identified. At this inspection we found an alarm system had been fitted to these doors to alert staff when they were opened. This meant people were adequately protected as staff would be alerted when and if these doors were opened.

At our previous inspection we also found that the care plans of people cared for within their rooms were not sufficiently detailed. At this inspection we found these care plans had been updated. Staff were now provided with appropriate guidance on when to check on people cared for in their rooms to ensure these individuals care needs were met. For example, one person's care plan instructed staff to check on the person each hour and provided staff with guidance on the care and support they should provide during each visit. Daily records of care showed staff had followed these instructions and this ensured the person was cared for safely.

At our inspection in October 2014 the service had not completed adequate checks to ensure food was stored safely and cleaning materials had been left unattended in the service. During this inspection we found all food was stored safely and that cleaning materials were stored securely when not in use.

People told us they felt safe at Chypons. Staff told us, "Everyone is safe I have no concerns about anyone's practice" and, "The residents are perfectly safe, I would say if I was not happy about something."

There were appropriate procedures in place to ensure people were protected from all forms of abuse. Staff had received training on how to identify abuse and understood both the providers and local authorities' procedures for the safeguarding of vulnerable adults. Posters displayed throughout the home provided people and their relatives with information on how to report any concerns about people's safety directly to the local authority.

Chypons was well maintained and all lifting equipment had been regularly serviced to ensure it was safe to use. Hoists and stand aids were assigned to specific individuals within the home and slings were not shared.

We saw the service's fire safety equipment was appropriately maintained and all issues identified during a recent fire safety inspection had been addressed and resolved.

All accidents that occurred within the service were appropriately documented and investigated by the managers. Falls were analysed each quarter to identify any areas or individuals that were falling regularly. The results of this analysis was shared with staff to raise awareness of identified areas of risk with the aim of reducing the overall number of falls that occurred within the service.

Staff told us they felt there were sufficient numbers of staff on duty to meet people's care needs. The provider told us there were no staff vacancies and our review of the staff roster demonstrated there were sufficient numbers of staff available. Where staff had been unavailable as a result of sickness or other issues we saw their care shifts had been covered by other members of the care team.

Medicines were stored appropriately and detailed records kept of the support each person had received in relation to the management of their medicines. Medicines Administration Record (MAR) charts were fully completed and all hand written entries had been countersigned to confirm their accuracy in accordance with best practice. Medicines that required stricter controls were stored appropriately. We checked the balances of these medicines held by the service against the records kept. We found the stocks of these medicines had been accurately recorded.

Is the service safe?

Senior care staff had all been provided with specific training on how to support people with their medicines. Monthly medicines audits had been completed by a senior carer.

Chypons had appropriate systems in place to support people to manage their money. The service held small amounts of money for a minority of people. Records documented how much money the service held on behalf of each individual and regular audits had been completed by the services finance manager. We checked and found that these records were accurate.

The home was clean and maintained to a reasonable standard. Dedicated sluice facilities were available and the

services infection control procedures were appropriate. Carpets were cleaned each day and odours detected at the beginning of the inspection were dealt with by cleaning staff during the morning.

There was minimal signage to help people with orientation to different areas of the home. However, we noted that the service's eclectic variety of carpets helped to identify different areas of the home. In some areas carpets were showing signs of age and we asked the provider to ensure the carpets were repaired in one area as they were a tripping hazard.

Is the service effective?

Our findings

Staff completed an induction programme when they started work at Chypons. The induction included training on the service's policies and procedures as well as periods of observing and shadowing experienced members of staff while they provided care and support. All new staff completed training in the 15 fundamental standard of care in accordance with the requirements of the Care Certificate during their probationary period. A recently appointed staff member told us, "The induction was good."

Training records showed staff had received regular training in a variety of topics including, manual handling, safeguarding adults, health and safety, medicines and, dementia awareness. Staff told us, "All my training is up to date." We found the service had systems in place to ensure staff received regular training updates. Staff training was tailored to their individual needs and interests. One staff member said, "I asked for extra training on the hoist" and this additional training had been provided.

We observed one instance of inappropriate manual handling practices in the lounge. Two staff supported one person to transfer from the dining table to a lounge chair without the assistance of any manual handling aids. We discussed our observations with the registered manager who accepted this did not represent best practice. The manager explained that this person's ability to mobilise was variable and that staff were attempting to encourage the person to be as independent as possible. The manager accepted that when this person was having difficulties mobilising it was important that appropriate manual handling aids were be used.

Staff told us their managers were, "Easy to approach" and "Supportive." Records showed staff had not received regular formal supervision or annual performance appraisals. The lack of formal supervision for staff had been identified as an issue at our previous inspection. The registered manager had introduced a system setting out which senior staff were responsible for providing supervision in March 2015. However, the planned staff supervision had not been provided. We spoke with the registered manager about staff supervisions who confirmed these had not been provided. The manager said the reintroduction of formal staff supervision was a current management priority. Supervision and appraisal are important parts of the support system for staff.

People's care plans included clear advice and guidance on how to support people if they became upset or anxious. For example, one person's care plan advised staff to give the person some time if they became anxious or declined care and to try again later. If this was unsuccessful staff were instructed to have another member of staff offer support as the person often responded positively to a change of face.

Managers and staff understood the requirements of the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make specific decisions, at a specific time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. We found that a number of appropriate best interest decision had been made with the appropriate involvement of family members and professionals.

On our arrival we found the service's front door was not locked and that people were free to leave the home if they wished. Staff and managers were aware of the Deprivation of Liberty Safeguards (DoLS) which require that restriction to the liberties of people who lack capacity be authorised by the local authority. The service had previously made appropriate DoLS applications and their policies included clear guidance for managers on these safeguards. At the time of our inspection none of the people within the home were being deprived of their liberty. Where pressure mats and other forms of restriction were used, people's formal consent to these restrictions was recorded. One person explained to inspectors that they had a pressure mat fitted in their room so staff would know when they got out of bed.

People had signed their care plans to formally record their consent to the care as described. We observed that staff routinely sought people's consent prior to providing care and support. In addition, we saw the service had ceased care interventions where people withdrew consent or staff felt that the individual had withdrawn their consent. For example, the service no longer routinely weighed one person who lacked capacity. Staff had observed that the weighing process caused the individual some distress and had recognised that changes in the person's behaviour prior to weighing was a withdrawal of their consent.

The service provided tasty, home cooked meals prepared from raw ingredients by the cook. People told us they enjoyed their meals and commented; "The food is very

Is the service effective?

nice, thank you” and, “Food is fantastic.” Lunch was a sociable occasion with people chatting happily to each other and their staff. The cook was aware of people’s preferences and was able to cater for people who required soft and diabetic needs diets. Menu choices were available and people told us; “they come round and ask what you want” and, “[staff member’s name] came round this morning and asked for my choices.” People’s care plans included information on their food preferences and provided staff with guidance on how people preferred their meals. For example, one person’s care plan said, “We make

[the person] milkshake using ice-cream, double cream and whole milk to try and get a few more calories in. [the person] usually enjoys these.” Daily care records included details of food and drinks people had consumed.

Staff made prompt referrals to relevant healthcare services when any changes to people’s health or wellbeing were identified. On the morning of our inspection a GP visited the service in response to staff concerns. People’s care records showed people’s needs had been regularly reviewed by a variety of health professionals including, GPs, Dentists, Opticians, District Nurses and, Chiropodists. Staff had acted on professional’s advice to ensure people’s needs were being consistently met.

Is the service caring?

Our findings

People told us their staff were; “Lovely”, “Kind” and, “Marvellous.” One person said, “They are looking after me.” While people’s relatives commented; “The staff are so kind and so caring”, “Mum is happy here” and, “I have confidence in the staff here”.

Staff provided support at a relaxed pace and treated the people they cared for as equals. The atmosphere within the home was informal, friendly and supportive. Carers spent time chatting, laughing and joking with people in communal areas throughout our inspection. One person said, “They [the staff] are a good laugh” and staff commented; “The people here are great” and, “I love it here, the residents are great.”

Staff offered people choices and respected their decisions. For example, one person had chosen not to have their door closed. Staff had fitted a curtain to this person’s door way to ensure their privacy was protected during personal care while respecting their wish for the door not to be closed. Staff consistently respected people’s privacy and dignity. People were able to lock their doors if they chose and staff always knocked and asked permission before entering people’s rooms. Relatives told us the care staff always respected people’s privacy.

We noted that staff consistently ensured they were at people’s eye level by kneeling or sitting next to people while conversing. Where staff offered people care this was done quietly and discreetly in order to protect the person’s dignity. We observed that staff routinely encouraged and supported people to be as independent as possible within the home.

People were comfortable asking for support from their staff and did so with confidence. They told us, “If you need assistance the staff respond quickly.” We saw that staff responded immediately to any requests for support made in person or via the services call bell system.

An example of the service’s caring approach was provided during an incident observed in the lounge area shortly after lunch. One person became visibly upset and a little distressed as they did not recognise where they were. The

registered manager knelt beside this person and compassionately explained where the person was. During this conversation the registered manager asked, “Would you like a cuddle?” The person responded, “Oh yes. Please, give me a cuddle”. The registered manager held the person and continued to provide calm reassurance. The person visibly relaxed and then said, “Thank you very much.”

Staff were aware of the impact news from the service could have on people’s relatives and family members. During the handover meeting staff discussed when it would be most appropriate to inform a person’s relative about an event that had occurred. Reflecting on the family member’s ability to respond to the information staff decided to slightly delay sharing information to avoid causing undue stress. This demonstrated how the service caring approach and concern for people’s welfare extended to their families and relatives.

Staff knew people well and when asked were able to provide detailed descriptions of both people’s care needs and their individual preferences. The service had systems in place to ensure all staff were aware of any changes to people’s specific needs and staff acted immediately to address any concerns about individuals welfare. One relative told us, “I feel able to ask any questions and I have confidence that staff know mum and can answer my questions.”

People were supported to maintain links with their families and visitors were encouraged throughout the day. Cordless telephones were available to enable people to make private phone calls from their rooms if they wished.

Chypons had requested assistance from local advocacy services to support to people while making important decision about their future. The service had discussed people’s preferences in relation to their end of life care and some people had chosen to make advanced decisions about their future care and treatment. We noted however, that once these decisions had been made the service did not have a process in place to review and update people’s decisions. This meant these decisions may not accurately reflect people’s current choices in relation to their end of life care.

Is the service responsive?

Our findings

When we inspected Chypons in October 2014 we found the service required improvement as people's care plans lacked specific information about their care needs. In addition the service's systems did not ensure that information about changes to people needs were effectively shared with new members of staff when they came on duty.

At our previous inspection we found people's care plans did not include information on the specific sizes and type of products they required for support. During this inspection we found that the service's updated care plan's now included these details.

At the end of each care shift a formal handover meeting was held to ensure staff coming on duty were aware of any changes to people's needs or other issues that were of concern to staff. We observed a staff handover meeting and saw information was shared effectively to ensure staff understood everything that had happened in the service since they were last on duty.

Chypons had systems in place to assess people's care needs to ensure the service was able to meet those needs before the person moved in to the home. Each person initially moved into Chypons for a one month trial period. During this period a brief interim care plan was developed based on information provided by the person, their relatives and the commissioners of care. This care plan was reviewed and expanded at the end of the trial period when staff knew the person better and had developed a detailed understanding of their specific needs.

All of the care plans we inspected had been regularly reviewed to ensure they accurately reflected people needs. Where these needs varied as a result of their condition people's care plans provided staff with guidance on the level of support the person normally required. The care plans were sufficiently detailed and provided staff with enough information to enable them to meet people's needs.

During our inspection it was noticeable that staff were not rushed and both care staff and administrators took time to sit and interact with people in the home. People told us, "There is enough to do here" and staff commented "There

is quite a bit going on". We observed staff; providing manicures, sitting chatting and laughing with people in the sun lounge and reminiscing and sharing experiences together while reviewing information from the internet.

One of the service care staff was responsible for coordinating activities within the home and records were maintained of the activities people had engaged with and enjoyed. Where people declined to engage with specific activities these choices were respected. The activities records noted what other options had been offered or what the person had chosen to do instead of the offered activities. Where people were cared for in their rooms they were regularly supported to engage with activities they enjoyed.

In addition the home had numerous well stocked book shelves and a selection of interesting art works on display throughout the public areas. People told us there was an active art group within the service and staff supported and encouraged people to maintain and continue their hobbies. One person told us, "I do the bingo here every Sunday" while relatives commented, "One staff member is a concert pianist and another is an opera singer. They play and sing for people here." During the afternoon of our inspection we heard people and their staff singing quietly together.

Staff acted to ensure people did not become socially isolated within the home. On the day of our inspection a disagreement occurred between some residents. Staff recognised that if not addressed this disagreement could impact on the social cohesion of people living in the home. This issue was discussed during the staff handover and an ad hoc residents meeting was planned for the following day to enable these issues to be aired and resolved.

The home was able to make arrangements to ensure people's spiritual needs were met. A regular religious service was held each month in the service's lounge and people were able to meet privately with religious leaders if they wished.

People's choices and decisions were respected by care staff. For example, one person had chosen to have their medicines supplied by the local pharmacy. This meant the person could take control of their own medicines and collect them from the pharmacy when required.

People told us, "I have no concerns, If I had any I would not hesitate to go to the staff" while people relatives said, "I can

Is the service responsive?

approach staff if I have any concerns or issues.” The service had appropriate systems and procedures in place for the investigation of any concerns or complaints reported to

staff. The service had not received many complaints but people and their relative’s regularly wrote thanking staff for the care and support they had provided. One recently received thank you card said, “You have been wonderful.”

Is the service well-led?

Our findings

During our previous inspection we found Chypons required improvement as there was a lack of effective processes to monitor and assess the quality of the care provided at the home. Regular checks and audits had not been completed and accidents had not been appropriately analysed to identify any patterns or trends.

We found the service had taken action to address and resolve our concerns. All accidents and incidents had been fully investigated and regularly reviewed by one of the service's deputy managers. We reviewed the results of the most recent quarterly accident analysis and saw this information had been used to identify areas and times when falls were more likely to occur within the service. This information had been shared with staff to provide them with additional information about specific areas of risks within the service.

Monthly medicines audits had been completed by the senior carer with responsibility for managing the service medicines. These audits included a full stock check and a detailed review of medicines administration records. In addition since our last inspection a medicines audit had been completed by an external pharmacist. All advice provided as a result of this audit had been implemented within the home. Other regular audits had also been introduced in relation to the services care records. We saw daily carer records had been appropriately completed and accurately recorded details of the care and support staff had provided.

Since our previous inspection the service's systems for ensuring all equipment within the home was adequately maintained had been reviewed and updated. We found the service's lift, chair lift and hoist had been regularly serviced. In addition appropriate maintenance and regular checks on the home utilities had been completed in line with Health and Safety Executive Guidance.

People were happy and comfortable at Chypons and told us, "Everything here is great". One person's relative said, "If I had to score it out of ten I would give it a ten" while another relative commented, "I would give it ten and a half."

The service had a caring culture and the registered manager said, "My standard for the home is simple, is it good enough for my mum?" The manager went on to

explain, "I want staff to treat people as they would like their own parents to be cared for." During our inspection we observed numerous kind and compassionate interactions between people and their care staff.

Staff told us, "The manager is approachable" and "The registered manager is amazing." During our inspection we saw the registered manager chatting freely with both staff and residents. The registered manager knew people well and understood and recognised their specific needs. We saw the manager providing appropriate support and reassurance to people within the home.

People, staff and relatives told us the provider regularly visited the service and one relative said, "[The provider] is approachable." On the day of our inspection the provider visited the home to support the registered manager during the inspection processes.

Staff were happy and told us they were well supported by their managers. While the provider commented, "I have great staff loyalty here, we have no vacancies."

At the time of our inspection the provider was in the process of restructuring the service's management. A deputy manager had recently been promoted and was in the process of applying to become the service's second registered manager. We discussed this change with the provider. Who explained they wanted a registered manager to be present within the home seven days each week to ensure staff received appropriate leadership and support. At the time of our inspection the provider had not yet clearly defined the different roles of each registered manager. However the provider explained that he believed a second registered manager was essential as, "I don't want the place to be fantastic when I am here, I want it to be fantastic all the time."

Senior staff meetings were held each month to ensure the service's leadership were fully aware of any ongoing issues or areas of concern. Staff meetings were also held regularly and the minutes of the meetings showed they had provided an opportunity for staff discuss and resolve any issues they had identified within home. The results of our previous inspection of Chypons had been fully discussed during staff meetings and staff had been encouraged to suggest changes and improvements that could be made within the home. One staff member told us, "We have staff meetings once per month, I think they are good."

Is the service well-led?

Some training materials had been translated to support domestic staff whose first language was not English. The service's administrator told us they had also provided staff with one to one support during training events to ensure they fully understood the information provided. We observed that staff were supportive of each other and noticed that this informal translation support was requested for the cook when care staff saw us in conversation.

Chypons used an annual survey to formally monitor the quality of care it provided. In January 2015 questionnaires had been given to all 25 people who use the service. A total

of 12 completed responses were received and everyone reported that they were pleased with the care they received. Everyone we spoke with was happy with their care and one relative told us, "I can't fault anything here."

The service normally provided appropriate notifications about significant events which affected people living in the service to the Care Quality Commission. During the inspection we identified one recent significant event that had not been appropriately notified. This was discussed with the registered manager and the required notification was received shortly after the inspection.