Qualia Care Limited

Birchley Hall

Inspection report

Birchley Hall
Birchley Road, Billinge
Wigan
Lancashire
WN5 7QJ

Tel: 01744894893
Website: www.qualiacare.co.uk/our-homes/birchley-hall-care-home/

Date of inspection visit:
16 July 2018
20 July 2018

Date of publication:
24 August 2018

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This unannounced comprehensive inspection took place on 16 and 19 July 2018.

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

This is the first time this service has been inspected under the new registered provider.

Birchley Hall is located in Billinge, Wigan. It provides accommodation for up to 31 people over two floors. Bedrooms located on the first floor can be accessed via passenger lift. At the time of our inspection there were 28 people using the service.

A manager was in place and they were applying to be registered with us at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Individual risks to people living in the home were assessed and reviewed regularly with measures in place to manage the risks identified and keep people safe from harm.

Staff were aware of different types of abuse and how to report safeguarding incidents. Those that were reported had been done so appropriately. Staff had received appropriate training in safeguarding and were able to explain how to keep people safe from abuse - Staff were also aware of the whistleblowing policy.

Staff had received training in areas such as infection control, health and safety and manual handling. Appropriate infection control measures were in place and the safety of the environment was checked on a regular basis.

Staff had received other training appropriate to their roles and were supported through regular supervision.

Accidents and incidents were reported and recorded appropriately. They showed evidence of analysis, review and action taken where needed.

Medicines were managed and stored safely and staff had received appropriate training in order to safely administered medication. Those responsible for administering medication had their competency levels assessed regularly.

Sufficient staff were deployed to meet the needs of the people living in Birchley Hall.

Consent for care was obtained in accordance with the Mental Capacity Act 2005; staff showed a good awareness of the need to obtain consent when providing care and support.

People's nutritional needs were assessed and met to ensure they maintained a health balanced diet; care plans clearly identified people with specific dietary requirements and provided guidance for staff to manage this.

People were supported with access to other health and social care professionals such as GP, podiatrist, opticians and wound specialists.

Staff were observed to be kind and caring towards people and treated them with respect. People spoke positively about the staff and the care they received.

People received care and support specific to their needs; care plans were person centred and provided detailed information for staff to know the people they were supporting.

Whilst people were provided with a range of activities, the registered provider told us they had plans to improve on the quality of activities offered to people in the home.

People knew how to make a complaint if they needed to and any recorded had been dealt with appropriately by the manager.

The quality and safety of the service was regularly monitored with the use of effective audits and checks completed by the manager and registered provider.

The manager had notified CQC of important incidents and events that occurred within the home.

People spoke positively about the management team and how the home was being managed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

This service was safe.

Risks to people had been assessed and appropriate support in place to help manage identified risks and keep people safe from harm.

Medicines were stored and managed safely. Staff had received appropriate training to administer medication and had their competency assessed regularly.

The safety of the environment was maintained to ensure people were kept safe from environmental risks.

Is the service effective?

Good

This service was effective.

Consent was being obtained in accordance with the Mental Capacity Act 2005; staff ensured that people were offered choice and obtained consent before providing care and support.

People were supported with access to external health and social care professionals.

People's nutritional needs were assessed and appropriate support in place for those identified as having specific dietary requirements.

Is the service caring?

Good

This service was caring.

People were treated with dignity and respect and their privacy was maintained.

Staff knew people well and they were patient and caring in their approach.

Personal information about people was treated with confidence and kept secure at all times.

Is the service responsive?

Good

This service was responsive.

People's needs were assessed and planned for with the involvement of the person and relevant others.

People and family members were provided with information about how to make complaint and they were confident about complaining. Complaints were listened to and acted upon.

People were supported at the end of their lives to have a comfortable, dignified and pain free death.

Is the service well-led?

Good

This service was well-led.

The quality and safety of the service was checked and action taken to address issues identified.

The manager and other staff worked in partnership with others including external health and social care professionals.

The manager showed a continued desire to improve on the quality of the service provided.

Birchley Hall

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 unannounced comprehensive inspection took place on 16 and 20 July 2018. The inspection team consisted of one adult social care inspector and one expert by experience (ExE) on day one and one adult social care inspector on day two. An 'ExE is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed the information we held about the service. This included the statutory notifications sent to us by the registered provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted the commissioners of the service.

We spoke with the operations manager, manager and five care staff. We also spoke with 12 people receiving support. We looked at the care records for five people, four recruitment folders, medicine administration records and other records relevant to the quality monitoring of the service. We also observed the delivery of care at various points during the inspection.

Good

Is the service safe?

Our findings

People told us they felt safe living at Birchley Hall. Comments included "I'm not living in my own house I'm much safer here, it is the only place I know and [relative] used to be here", "Yes I do feel safe because there are so many people about" and "Yes I'm safe, I just know I feel safe."

Risks to people were assessed and documented. We saw risk assessments in areas such as manual handling, risk of falls, nutritional risks, behaviours that may challenge, risks relating to pressure sores/wounds and risks relating to choking. Care plans provided detailed guidance for staff to manage identified risks and reduce the likelihood of harm to people. For instance, we saw risk assessments and care plans for people who currently had or were at risk of developing pressure sores/wounds. Care plans provided detailed guidance for staff to manage existing wounds and prevent them from developing. People who had been identified as at risk of developing pressure sores were provided with equipment to help prevent this such as pressure relieving mattresses and cushions. They were placed on regular repositioning checks to help relieve pressure from affected areas. We also saw risk assessments for people with behaviours that may challenge. The care plans and risk assessments clearly identified known triggers to such behaviours and guidance for staff to manage any incidents such as distraction techniques and offering reassurance.

Due to the current weather warnings and increased heat, the registered provider had completed a 'heat wave' care plan for all people living in the home. The care plans outlined the risks associated with the heat such as dehydration and provided detailed guidance for staff to manage this and reduce any potential risks.

Each person had a personal emergency evacuation plan (PEEP) to assist staff to safely evacuate people during an emergency such as a fire. The PEEPs contained photos of all people living in the home to help staff and emergency services identify them. They listed each person's risk level and whether they had any visual or hearing impairment. Staff were informed what level of support people required such as wheelchair, walking aids/frames, support from staff or fully mobile. The information within the PEEPs was sufficient to assist staff with safe evacuation.

Accidents and incidents were recorded appropriately by staff and regularly reviewed by the manager and registered provider. Incident logs provided detailed information regarding the incident and any immediate action taken by staff. For instance, where people had suffered a fall, staff had documented the circumstances (where known) and any action they had taken such as assessment of injuries and medical treatment if required. Accidents and incidents were then reviewed on a monthly basis by the manager and registered provider to determine whether any further action was required such as referrals to falls team or other relevant health care professionals.

Medicines were managed safely by suitably qualified staff. Medications were kept secure in a dedicated room which was only accessed by nominated staff with responsibilities for managing medication. Those staff had undertaken regular medication training and regularly had their competency checked. The temperature of the medication room and fridge were monitored and recorded daily. This helped to ensure

they were within the range required so that medicines remained effective. Items of medication which on opening had an expiry date were labelled with the date they were first opened and were within their use by date. There were safe systems for the administration, ordering, storage and disposal of medicines. Records were maintained of all medicines received into the service, disposed of and returned to the supplying pharmacist.

Each person had a medication administration record (MAR) detailing their prescribed medication and instructions for use. On most occasions staff had appropriately signed MARs when medication had been administered to people and marked specific codes in other circumstances such as when a person had refused medication. However prior to us arriving on day one, a senior care staff had completed a review of the MAR sheets from the week before and had identified that a number of people's MARs had not been completed over the weekend period. This had been immediately brought to the manager's attention and was being addressed with the staff member responsible. Some people were prescribed PRN medication, to be given only when required such as for pain relief. Care plans provided clear details and guidance to instruct staff on the use of PRN medication. Some people living in the home had been prescribed controlled drugs. These are prescription medicines that have controls in place under the Misuse of Drugs Act and associated legislation. Controlled drugs were locked securely in a separate cupboard from all other medication and the controlled drugs book was completed correctly with two signatures for all administration.

There were sufficient numbers of suitably skilled and experienced staff to meet people's needs and keep them safe. The manager told us that since the service had been taken over by the new registered provider they had implemented the use of dependency tools to help determine the right numbers of staff. We saw from staffing rotas and observations made throughout both days that sufficient staff had been deployed within the home. Some staff we spoke with told us they sometimes felt rushed due to an increase in support required by some people. The manager told us they were aware that some people's needs had changed and they were in the process of requesting reviews to determine whether Birchley Hall was the most suitable service for them.

People told us they felt there were enough staff to provide the support they needed. Comments included "Yes there is enough staff, [staff] come to me straight away, there's no problems" and "Oh yes there's enough staff we are quite happy."

Safe recruitment processes were in place. Each recruitment file contained an application form with a detailed employment history, photographic identification, references and evidence of Disclosure and Barring Service (DBS) checks. DBS checks are used by employers to establish if recruits have a criminal record or are barred from working with vulnerable adults or children. This helps employers to make safer recruitment choices.

People were protected from abuse and harm. Staff had completed safeguarding training and were provided with information and guidance on how to recognise and report any abuse they were told about, witnessed or suspected. Staff knew the different types and indicators of abuse and how to report any safeguarding concerns. Allegations of abuse had been promptly referred to the relevant agency including the local authority and CQC. The registered provider had a whistle-blowing policy and procedure which guided staff on how to report any concerns in confidence without any reprisals. Staff told us that they were familiar with the whistleblowing procedure and were confident about using it to report any concerns.

Regular checks were completed to ensure the environment remained safe for people living in the home. The maintenance manager had detailed records of all safety checks completed on a regular basis. This included

checks on gas and electricity systems, portable appliances, water quality, fire systems. We saw checks completed on items such as window restrictors, fire doors and manual handling equipment such as hoists, slings and wheel chairs. In addition to these were checks to ensure that safety systems such as fire alarms, emergency lighting and nurse call bell systems remained in working order.

Good infection control procedures were followed to minimise the spread of infection. Staff had received appropriate training in infection control and had access to information and guidance informing them about the prevention and control of infection. Staff had access to a good supply of personal protective equipment (PPE) including disposable gloves and aprons, and they used them appropriately thus minimising the risk of the spread of infection.

Good

Is the service effective?

Our findings

Care plans had been developed for people's assessed needs. The plans were titled with the identified need and instructions for staff on how to support the person. We saw care plans for areas such as manual handling, communication, nutrition, pressure wound care, behaviours that may challenge and oral care. Care plans were reviewed regularly and updated when changes in needs had been identified.

Some people required aspects of their care monitoring throughout the day and night, for example food and fluid intake, wound management, air flow mattress settings and behaviours that challenge. Charts were in place for staff to complete in order for care to be regularly monitored and evaluated. Regularly monitoring people's care is important so that staff can ensure care is effective and achieves the desired outcome. For instance, recording people's diet and fluid intake helps to ensure they are maintaining a healthy balanced diet and not being placed at risk of malnutrition.

People living in the home were supported with access to external health care professionals to maintain their health and wellbeing. We saw that people received care and advice from professionals such as GPs, dieticians, podiatrist, mental health team, speech and language therapists (SALT) and social workers. A record was maintained for each person detailing all contact that had with other health and social care professionals. This included details of any intervention, the outcome and any aftercare staff were to provide. One person told us "I've seen more doctors here than I did at home".

People told us they felt staff knew what they were doing and were able to provide the right support. Comments included "Yes [staff] are trained they have training meetings", Yes the staff are trained everything seems to work out well" and "Yes staff seem to know what they are doing, I have no problems at all."

On commencement of employment at Birchley Hall, staff completed a detailed induction program in order to provide them with the necessary skills and knowledge to carry out their role. Further training was provided in areas such as manual handling, dementia care, Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, wound care, managing behaviours that challenge, first aid and health and safety. The manager kept a record of training that had been completed by staff and when refresher training was required. The manager told us they had identified gaps in training since they had been in post. The registered provider had recently created an internal training department which meant that any outstanding training required would be addressed. 'Care Certificate' standards were introduced by the Government in 2015. This is a set of standards that social care and health workers comply with in their daily working life. The manager told us that as some staff had been at Birchley Hall for a number of years, they would be required to complete a new induction program in line with the Care Certificate Standards. This was to ensure that all staff had the necessary skills and knowledge to carry out their role.

Staff were supported in their role through regular supervision. Supervisions are regular meetings between the staff member and their manager to discuss any issues which need to be addressed in a one to one setting. Whilst not all staff had received their supervision when due, the manager told us they were in the process of addressing this and was able to provide evidence of this. Staff told us they felt supported in their

role and received regular supervision and felt confident discussing any concerns/issues or development needs they may have.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Applications to deprive people of their liberty had been made to the local authority where required. We saw evidence within a separate file that applications made by the manager had been appropriately and relevant paperwork completed accurately.

Principles of the MCA were being adhered to. People were supported to have as much choice and control as possible over their lives and staff supported them in the least restrictive way possible. Staff were able to explain the importance of offering people choice and how they obtained consent from people for all aspects of their daily care. Staff were also able to explain that where people lacked the capacity to make more complex decisions about their care, it was necessary to make decisions on their behalf that were in their best interests.

People's nutrition and hydration needs had been appropriately assessed and where required were supported to maintain a healthy balanced diet. Where people had specific dietary needs or requirements, referrals to appropriate professionals had been made. For instance where people had been identified as being at risk of malnutrition, appropriate referrals had been made to the dietician and where necessary additional records were kept in relation to what people had had to eat and drink throughout the day in order to effectively monitor people's nutrition. Regular checks were made in relation to people's weight to ensure they maintained a healthy weight. Each person's care plan contained a 'diet notification chart' that detailed their likes/dislikes and any dietary needs such as diabetic, fortified, special diet or whether thickening solutions were required. The charts also detailed whether people were receiving support from other health professionals such as SALT or dietician. This information was given to the kitchen staff to ensure they were kept up-to-date regarding people's dietary needs.

The manager told us they were in the process of changing the menu and were introducing pictorial menu cards so that information about meals was more accessible to people. The meals were being produced alongside guidance from the 'Eat Well" guide in order to help maintain a balanced, healthier and more sustainable diet. The manager also told us they intended to hold 'taster' sessions with relatives to allow for an open and transparent environment and ensure that relatives were aware of the meals being provided.

People spoke positively about the meals provided. Comments included "The food is good, I choose my own food", "[Staff] come and ask me what I want for my meals" and "Yes the food is okay, I have no complaints."

Birchley Hall supports people who are living with dementia. Steps had been taken to ensure that the environment was appropriate for people; such as appropriate lighting, colour schemes, floor coverings and signage. We saw that rooms such as toilets and bathrooms had appropriate pictures to help people identify them. Some people's rooms had memory boxes outside them with photos and other personal items that were individual to each person; this helped people to identify their own rooms and encourage positive conversations with staff.

Good

Is the service caring?

Our findings

People spoke positively about the care provided by staff at Birchley Hall. Comments included "[Staff] are very kind to me", "[Staff] are lovely", "[Staff] are nice we get to know them", "The staff are very kind", "Oh yes [staff] are nice, I'm quite happy with what goes on" and "Yes [staff] care, they do everything proper."

Staff were observed to be kind and caring towards people living in the home. We saw many examples of staff positively interacting with people in a caring and compassionate way. From our observations it was clear that staff knew people well and had developed positive, familiar relationships with them. We often saw staff chatting with people and having a banter; the atmosphere within the home was calm, friendly and inviting and the positive attitudes of staff were seen to have a calming influence on people.

Staff involved people and offered them with choices about their care and support. Before providing care and support staff explained to people what they were about to do and checked with people that they were comfortable and happy to proceed. Staff were patient when assisting people to eat and drink. They did not rush people and provided gentle prompting and encouragement to those people that needed it.

People told us they were offered choices about various aspects of their care. Comments included "Oh yes [staff] listen and we choose our own clothes", "We choose our food, hot or cold, whatever we want" and "I get up when I want, I choose what I want to do."

People were treated with dignity and respect. Staff knocked on people's doors before entering and enquired about their wellbeing. All personal care was kept private and provided in people's rooms, bathrooms or toilets and doors were kept shut at all times. Staff were able to explain the importance of maintaining people's dignity whilst providing personal care and explained how they would, where possible, encourage people to provide their own personal care in order to help make them feel as comfortable as possible. Where people were unable to do this for themselves, staff ensured that people were kept covered as much as possible.

The communication needs of people were taken into account. Care plans included details of how people could have any sensory difficulties overcome with the provision of glasses or hearing aids.

Personal information about people was treated in confidence. Paper records were locked away when unsupervised by staff and information held on the computer was password protected. Only authorised staff had access to people's personal information. Staff were careful not to be overheard when speaking with people about personal matters and when sharing information amongst other staff about people. Discussions about people were held in offices with doors closed. Staff understood their responsibilities for maintaining people's confidentiality.

The service had detailed policies and procedures in place relating to equality, diversity and human rights (EDHR) needs and requirements. The manager showed a good understanding of their roles and responsibilities around supporting people with EDHR needs/requirements. They told us they were currently

supporting a person with specific dietary wishes which often changed from day to day; they were able to clearly explain how they support this person to ensure that their choices were respected.

Whilst nobody within the home was receiving support from any advocacy services, the manager showed a good understanding of how to access this support should people need it. Information regarding advocacy support was not displayed around the home for people to access. The manager told us this was something they would address to ensure that advice regarding advocacy was made available to people living in the home.

Good

Is the service responsive?

Our findings

Birchley Hall ensured that people received personalised care that met their needs. Prior to moving into the home each person's needs had been assessed to ensure that the right support was provided. We saw that care records had been completed with the involvement of the person and their relatives and were reviewed regularly. Each file contained support plans and assessments that were individual to the person's needs. The information contained in the files helped staff to provide care that reflected their individual needs. Care plans were person centred and provided detailed information that would assist staff to know the people they were supporting; they included information about people's life histories, their likes and dislikes and preferences around the support they needed.

People were provided with the equipment they needed to help with their comfort, safety and mobility. Nurse call bells were positioned close to people who occupied their bedrooms and sensor mattresses and bedrails were in place for people who were at risk of falls. We observed staff to be responsive to people's needs in a variety of ways. Examples included helping them with their drinks, snacks and meals, responding to requests for support in a timely manner and ensuring that all support was provided when requested by people.

People told us staff were responsive to their needs. Comments included "Yes [staff] come to me straight away no problems", "[Staff] come to me when I need them" and "Yes, they always listen and help me when I need it".

Communication systems helped ensure that people received care and support when they needed it. Daily flash meetings were held to exchange relevant information about people and the service; such as changes in people's needs, any planned professionals visits and planned activities. Daily records were also maintained for each person which summarised the care people received, any progress and significant observations which needed to be followed up. This enabled staff coming on duty to get a quick overview of any changes in people's needs and helped to ensure consistency of care. People's health was monitored and when staff noted a decline in a person's physical or mental health they reported it onto senior care staff and the team leader. This helped ensure appropriate decisions were made in response to people's health and wellbeing.

The service employed an activities coordinator to provide activities for people living in the home. Activities mainly consisted of bingo, board games, quizzes and craft sessions. The activities coordinator told us they also took people out to the local shops and labour club; they had recently supported some of the men with a trip to the labour club for father's day. They also bring entertainers into the home such as singers and the local nursery school also attend on a regular basis to visit people. The activities coordinator told us they were looking at other ways to take people out on trips and was working with the manager and registered provider to improve the activities currently being provided. Surveys had recently been completed by people and their relatives to gather information about what types of activities people would like to take part in. During the inspection the activities coordinator was observed doing crafts with a group of people; their interactions were positive and showed evidence of their knowledge of the people they were interacting with.

There was a complaints procedure in place that provided detailed guidance for people to make a complaint

where required. The kept a detailed record of all complaints received, any contact made with the person making the complaint and what action had been taken. All complaints recorded had been dealt with appropriately and in an appropriate time scale. People told us they felt confident making a complaint if they needed to.

People were supported at the end of their lives to have a comfortable, dignified and pain free death. Where appropriate medicines were held at the service and used when necessary to keep people free from pain and comfortable. Where people chose to discuss their end of life plans an appropriate end of life care plan was developed outlining their preferences and the choices for their end of life care. The service consulted with the person and, where appropriate, relevant others about the development and review of these plans.

Good

Is the service well-led?

Our findings

A manager was in place and they were applying to be registered with us at the time of our inspection. The manager had been in post since January 2018 and was being supported by the operations support manager and operations manager as well as a team leader with knowledge and experience in care. As they were new to the role, the registered provider had provided additional support from a registered manager from another service.

The atmosphere within the home and amongst staff was pleasant and relaxed. People spoke positively about the current manager and the service as a whole. Comments included "[Manager] comes to say 'hello', they are very nice", "Oh yes we are quite happy with what goes on", "I'm happy, it's a pleasure to be here", "It's alright here, I find it all very satisfactory and It's nice here I get on with everyone".

Regular staff meetings were held to allow the management team to provide updates about the service and discuss any on-going concerns or issues. The manager told us about the use of the daily 'flash' meetings allowed for staff and management to discuss any issues of the day and particular areas for staff to focus on such as the recent weather conditions. The manager also held regular relatives meetings in order to provide updates regarding the service such as any planned maintenance, activities and changes to the menu.

There were systems and processes in place for assessing and monitoring the quality and safety of the service and making improvements. We saw weekly and monthly audits and checks in relation to medication, infection control, care plans, laundry, kitchen, meal service and falls. Where issues had been identified, clear action plans were in place to address them.

In addition to the audits and checks being completed by the manager, a quality inspection tool and improvement plan was completed by the operations manager. This improvement plan followed the key questions asked by CQC; is the service safe, effective, caring, responsive and well-led. Where issues had been identified actions were in place to address them.

The manager told us they had also recently implemented 'resident of the day' which allowed them to review one person's care plan each day to ensure that all up-to-date and relevant care and support was being provided. As part of 'resident of the day' they looked at areas such as weight, pressure sores, completion of 'life story', deprivation of liberty safeguard applications/reviews and up-to-date photo. Where any information was missing actions were identified and allocated to individual staff to address.

Throughout the inspection, the manager showed a keen desire to improve in the quality of the service being provided. Staff told us they believed the manager's aim was to provide good quality safe care; this was evidenced through the care and interactions being observed by staff and the manager themselves.

The registered provider had in place a set of policies and procedures relevant to the service and they were accessible to staff. Policies and procedures support effective decision making and delegation because they provide guidelines on what people can and cannot do what decisions they can make and what activities are

appropriate. The registered provider kept all policies and procedures under review and updated them as required to ensure they were in line with current legislation and best practice.

The registered manager maintained close working relationships with outside agencies and professionals, such as GP, podiatrist, tissue viability services, dietician, opticians and speech and language therapists.

As of April 2015, providers were legally required to display their CQC rating. The ratings are designed to provide people who use services and the public, with a clear statement about the quality and safety of care being provided. The ratings inform the public whether a service is outstanding, good, requires improvement or inadequate. The rating from the previous inspection was displayed within the home and on the provider's website in accordance with CQC guidance.

The manager had notified the Care Quality Commission (CQC) of events and incidents that occurred in the home in accordance with our statutory notifications. This meant that CQC were able to monitor information and risks regarding Birchley Hall.