Jean Allen Care Services Limited

Jean Allen Care Services Limited t/a Home Instead Senior Care

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We carried out a comprehensive ratings inspection at Jean Allen, Home Instead Senior Care on 18 October, 2016. We gave the provider 48 hours' notice so that we could be sure that someone from the service would be there to greet us.

Home Instead Senior Care is a domiciliary care provider based in Frinton-On-Sea, providing services within this locality and nearby areas. The service is part of a franchise that delivers care to people in many areas of the United Kingdom. They provide a variety of care and support to people in their own homes, including supporting people with personal care needs, shopping, cooking, and companionship.

The service has a registered manager in place. 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.

During this inspection the service has been rated as Good, with some outstanding features and has an overall rating of Good.

People using the service could be assured that staff had been through a rigorous employment process and had been safely recruited. People using the service could be confident that staff had been trained to meet their needs in a timely way. Comprehensive risk assessments clearly identified to staff how to manage people's risks whilst promoting choice and independence.

Good quality assurance systems were in place to ensure that staff adhered to excellent care practices, such as spot checks, care note audits, satisfaction surveys and care reviews.

People who used the service described care staff and managers as kind and caring. Staff knew people's individual, diverse cultural, religious and gender needs and preferences. Rotas were organised so that people received care from staff that they had been able to develop positive relationships with.

There were excellent communication systems in place with all levels of care staff and the registered manager and management team communicated appropriately with other health and social care professionals and organisations to ensure that people received care packages that were person centred and robust.

Robust governance systems ensured that the quality of care provided was safe, effective and responsive to people's needs.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Care staff had a good understanding of what constituted abuse and how to report concerns if they were raised.

Care staff were flexible in order to meet people's individual needs.

Risk assessments were comprehensive and supported staff to keep people safe.

People were protected because staff recruitment procedures were robust.

Medicines were audited regularly and if errors identified then these were managed safely.

Is the service effective?

Good

The service was effective.

Care staff received training and supervision which enabled them to feel confident to meet people's needs and to identify changes to these.

Staff promoted independence and always gained consent from people before carrying out activities in accordance with the Mental Capacity Act 2005.

People's nutritional and fluid needs were met in line with their preferences.

Is the service caring?

Good

The service was caring.

People and relatives said care staff, including the management team, were caring and compassionate and treated them with dignity and respect.

The service matched people with small core team of staff who

individually had similar interests and backgrounds in order to provide a truly individualised service.

New care staff were introduced to people before being able to work with them. People told us this they felt this demonstrated a caring and respectful approach by the service.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed before their care commenced and updated regularly as their needs changed.

Care provided was person centred and reflected peoples' individual needs, wishes and preferences.

People were provided with information about how to complain and the management team investigated thoroughly.

Is the service well-led?

Outstanding

The leadership and management of the service was outstanding.

The services values and visions underpinned the person centred quality care that people using the service could expect.

Care staff were encouraged and supported and recognised by the management team to "go that extra mile for people in their care."

The registered manager was actively involved in the local community to improve the care and support provided to people under her care and for the wider community as a whole.

The provider was forward thinking and continually investing in systems which would benefit people using the service and robust systems were in place to assure quality and identify any potential improvements to the service.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 18 October 2016. The provider was given short notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. This was the services first ratings inspection. They had previously been inspected in October, 2013 and found to be compliant in all areas. This inspection team consisted of one inspector.

Before the inspection, we reviewed the information we held about the service from the Provider Information Return (PIR) which we received in December 2015. The PIR is a form in which we ask the provider to give us some key information about the service, what the service does well and any improvements they plan to make. We also reviewed other information we held about the service such as from notifications. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke to seven members of staff, including the registered manager, who was also the registered provider, team leaders, and office staff.

We reviewed information about people's care and how the service was managed. These included six people's care, and medicine records, along with other records relating to the management of the service. These included six staff recruitment and training files, quality assurance audits, and minutes of team meetings. We also sought feedback from health and social care professionals and commissioners of the

service and received a response from three of them.

Good

Is the service safe?

Our findings

The service had good recruitment processes in place. Potential staff had to provide background checks into criminal records to show they were not barred from working with disabled or older people and two satisfactory references before they could work alone with people who used the service. This meant that staff were safe to work with and support vulnerable people.

All staff at the service had received safeguarding vulnerable adults training and received regular updates from the training manager. Staff gave us examples of what constituted potential abuse and demonstrated an excellent understanding of these and how they would report these concerns in order to keep people safe from harm. The registered manager kept themselves updated in safeguarding practices and ensured that staff were kept informed of changes through staff meetings and supervisions.

Plans detailing potential risks to people were regularly updated and gave clear support to staff as to how to best meet people's needs. These were completed in conjunction with people so that individual preferences could be included. People told us, "The staff know what to do if I need any help. That makes me feel safe." When people had become unwell, we saw evidence of when staff had contacted the care manager and registered manager to talk about concerns, and to access additional help, for example, doctors' appointments.

On the day of the inspection, we spoke to a staff member who had found a person at their home in a very poor physical state. They were able to assess the person's needs and recognise the need for additional medical support. They remained with the person to ensure that the ambulance called would receive the correct information, whilst also keeping the person comfortable and safe. They ensured that the office was immediately notified so that other people on the rota would still receive the care they needed. During the interview the staff member demonstrated excellent skills and awareness of managing the safety of vulnerable people, and attributed this to knowledge gained through training.

The service employed a core group of experienced and well-trained staff on zero hour's contracts. The registered manager told us that this worked well because staff only worked the hours they wanted to work. With this knowledge, they were able to plan rotas effectively, ensuring that people had a small core group of regular staff to ensure continuity of the service.

The service had systems were in place to monitor visit times. The service had experienced late visits on occasions when staff had been held up with emergencies, but they were always supported to spend the right amount of time with people. Office staff would contact people if staff were running late to make sure they were safe. The office staff were also trained in care, if staff were running late due to emergencies or if staff had been unwell, office staff covered visits. Because of this people did not experience missed calls.

Care notes in people's homes, care plan interventions and daily care notes were audited regularly to ensure that people were being supported safely. Interviews with staff and people who used the service demonstrated that staff always checked people's notes before carrying out care to update them on people's

needs. Consequently, people with complex health needs could be supported safely.

Medicines were audited on a monthly basis by a member of the senior care staff who had this responsibility. A small amount of issues had been identified with missed signatures for applications of creams which had been identified as having no impact on people as investigations showed that people had received applications of the creams. When missed signatures had occurred the auditing member of staff had systems in place to identify why they had been missed. On many occasions this was due to the person not having care provided on that day due to other arrangements, such as family were visiting. When it was identified as a staff error then they would receive additional supervision and if needed, training.

The training manager would visit staff identified to check and observe their practice in giving medicines to ensure they were competent. Additional training was also identified if it was felt appropriate. Staff contacted the office if they had any concerns about helping people with their medicines or if it should be given. Each staff member was aware of their own responsibility in highlighting errors, even when not their own which meant that all staff were accountable for any errors.

Good

Is the service effective?

Our findings

Robust training and development practices were in place for staff that begun from the time of employment. A senior member of the care team had undergone a training course and ensured that all members of staff underwent a half day health care assistant course that covered regulations under the Health and Social Care Act, 2008. It also included the importance of maximising people's independence and choices.

Induction was carried out over a three-day period for staff to undertake necessary mandatory training such as safeguarding people from abuse and moving and handling, before they undertook formal shadowing with experienced staff. This shadowing took place over two visits depending on previous care experience and staff had to be marked as competent in seven areas, including communication skills and respect for the individual. Spot checks on staff were undertaken twice a year and these were thorough. When additional training was needed, the training manager would access it.

People using the service told us that staff were well trained. One said, "They absolutely know what they are doing." Another said, "Very knowledgeable staff." A formal online education programme, the registered manager told us that some staff had found this difficult, as they did not initially have computer skills and were worried about using the system. Consequently, the service had worked hard to ensure that these members of staff had additional support and they were able to complete online modules at the office with the training manager and an apprentice business support person.

We saw examples in supervision records that demonstrated that staff who had initially been anxious about using the system had improved their confidence and ability. Staff told us, "The managers are really supportive and approachable. When I have struggled with something they always sit me down and talk me through it until I feel confident."

In addition to the online programme, the service used a lot of face-to-face training, including group learning days, workbooks, and social care television which provided video's from professional bodies including skills for health. Staff told us they enjoyed the training, "It's really good. I am glad they do it face to face too. I always learn more that way and I like the videos as it really brings home people's experiences."

The service used a computerised business organiser; this system was effective in providing managers with information about people at the service such as care plans and reviews, visits scheduled to people, quality assurance surveys, and audits. It also highlighted when staff needed to be reviewed or to have training updates. This information ensured that staff training and development was booked in when was needed to keep staff up to date with changes in care practices.

Staff had training in the Mental Capacity Act 2005. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People told us that staff always sought permission to support them and provided them with choice. One person said of staff, "They always ask me what I need and how I would like things done." Another said, "They respect the choices I make. I am supported to make my own choices."

Care plan interventions, interviews with people using the service and staff demonstrated that staff had excellent awareness of the MCA and applied the principles of the Act in their daily role. For example, ensuring people had all the information they needed to make informed choices.

Some people required help with preparation of meals and shopping, in additional to personal care and companionship. Care plan interventions demonstrated that staff had to consider people's nutritional needs and fluid intake. Some people who received comprehensive care packages such as a sleep in staff member had in depth personalised documentation of their routine that informed staff exactly how they liked things done. For example, details about their favourite things to eat and drink, how they liked the drink made and in which cup, how full it should be and how much sugar and milk. If a sandwich was requested, it showed how the person liked this prepared and presented. These examples drilled down to the person's specific preferences and had benefited the person as they got exhausted having to explain to people what they liked. Care plan interventions stipulated if people had fluctuating appetite and what staff should do to support the person, such as make sure a variety of small snacks were available.

Health and care needs were managed effectively and the care manager and registered manager had very good links with local health and social care professionals and other agencies which supported people, such as various health charities and equipment services.

The service often provided personal care to people with complex and enduring illness, and on occasions, supported people with terminal illnesses. We saw that when this happened, the service kept excellent communication with hospice staff and district nurses. For example, updating them about changes and sharing information with permission from those in their care to access additional support. The registered manager and management team also supported people to access transport for hospital appointments, and when people had been in hospital, liaised with hospital staff to ensure that, upon discharge, the appropriate equipment, if needed, was in people's homes.

Good

Is the service caring?

Our findings

When staff began working for the service, they undertook a variety of questions designed to highlight their interests and personalities. This information was used to pair staff to people as the service felt that it was important that people were comfortable with those providing their care. This also worked well for staff. For example, if staff were allergic to pets, they would visit someone without pets.

People told us that staff were very caring and often went the extra mile to support people. The small care core teams worked well as people and staff developed warm relationships based on trust and friendship. We heard of staff visiting people in hospital in their own time. One person wrote to the registered manager and told them that the care they received had, "Exceeded my needs." Staff often stayed with the people when unwell making them comfortable and ensuring that they were safe until the ambulance or doctor had arrived. One member of staff gave us details of how they provided support during a crisis, how they spoke about the person demonstrated that care had remained individualised and dignified. They said, "They were in a terrible state and very embarrassed. I did everything I could to make them comfortable to and assure them that they had no need to be embarrassed, I was there for them."

We saw evidence of when members of staff had gone the extra mile to be caring and considerate. This included visiting people in hospital in their own time, collecting clothes, or doing extra little things to make a person's life easier. One member of staff told us of someone in hospital, "They didn't really have much family and I couldn't just leave them in there without a visit."

These small teams of staff also worked well when supporting people at the end of their lives. The registered manager showed us the positive feedback they had received from families. One person said, "We wish to place on record that the service provided by Home Instead has been exemplary and has made the last weeks of [person's] life so much more comfortable."

At special occasions such as Easter and Christmas, and only if in line with that person's beliefs, people received small gifts such as Easter eggs. They also received birthday cards on their birthdays. People told us little touches like this made them feel cared for. One person said, "It was a lovely surprise, it put a smile on my face."

People receiving a service had an individualised care plan, and care folder in place that had been created in collaboration with them and their families/friends. The folder contained lots of helpful information about local resources that the people could access to help with other aspects of daily living, such as social opportunities or access to additional support.

All visits were for at least one hour. Staff told us that this supported people to remain as independent as possible. People told us they never felt rushed. One person said, "They are brilliant, I never feel rushed, they take their time." Another said, "The girls are really patient with me it, I want to do what I can for myself."

Staff told us how important it was to protect people's confidentiality. One person told us, "They never talk

about anyone else, so I know they won't talk about me to other people."

However, staff were expected to use their own work phones to receive information about people, for example if they had cancelled a visit of whether a person may have become unwell or made additional arrangements to go out with other people such as relatives. Following the inspection the manager introduced a new approach where people's information could be kept securely.

Good

Is the service responsive?

Our findings

Care plans were very person centred and focused in every aspect of need and preference for each individual. The registered manager met with people who were considering using their services and involved the people and services involved with the person, for example, relatives, friends, advocates as well as health and social care professionals. Care and support planning was always completed before care or support was given and agreed by the person or if appropriate the person's next of kin.

Assessments included health needs, dietary needs, personal care needs and preferences, and the person's ability to communication their needs such as any sensory impairment's and how to manage these. When health needs varied throughout the day, a routine informed staff how to adapt their approach to meet the needs of the person they were caring for. Some care plans detailed daily routines specific to each person and visit. These were completed by experienced senior care staff that were part of the care team. For example, one person had sleep in care and the routine detailed what time they usually woke, how they liked their drinks, and which toiletries they preferred. Others we reviewed detailed what a person did not like, and how to overcome people's individual barriers to care.

Another person was physically exhausted and fatigued in the morning, but recovered towards the end of the day. Care plan interventions informed staff to be "quiet and speak sparingly in the morning," Clear instructions in minute details supported staff to keep questions to a minimum to avoid adding to the person's fatigue, whilst still providing a very personalised respectful response..

People told us they received regular calls and checks to make sure that the care provided was still appropriate and that they were happy with the service. People told us that when they had had concerns these were acted on quickly. For example, one person said, "I didn't feel comfortable with this one girl coming in, we just didn't hit it off. She was nice enough though. I contacted them and I was paired with a different girl and we get on well."
Another person said, "Oh yes they check we are okay regularly and if I have any concerns they will come out and review the care plan."

The care manager together with people using the service reviewed their care plans every six months or before, if there were changes in people's needs. For example, when people had been admitted to hospital the care manager always assessed whether additional support, such as equipment would be needed to support them at home. If this was identified, they worked with health and social care to ensure that equipment was in the home for when people were discharged.

Staff completed records of their visits to each person which were regularly reviewed by the quality audit officer. These records were comprehensively written, demonstrating how people had been supported, if there had been any changes, what the staff member had done to respond to these changed. The language used was respectful and caring.

In additional to care reviews and spot checks on staff, the care manager and senior staff carried out regular

quality assurance checks. They would receive a courtesy call after the first day of care and then every two weeks and then once a month. This information would help to inform care staff in supervisions if they could improve or to simply give some positive feedback. People told us the regular consultation was very good. One person said, "They contact me quite often to ask about the standard of care. I always say nice things because it's great, but if I needed to tell them something was wrong I am sure they would act on it."

People were provided with information on how to make a complaint or give compliments as well as contact information for the local authority and CQC. People knew how to make a complaint and that all recorded complaints had been resolved quickly.

Outstanding ☆

Is the service well-led?

Our findings

The service was outstandingly well led.

The registered manager was also the nominated individual and had a thorough oversight of the service provided to people and strong links to the local community. Within the management team, there was a business manager and care manager, both with clearly defined roles and responsibilities and who worked well together to ensure good practice.

The vision and values of the service were imaginative and person-centred and demonstrated that people were at the heart of the service. These included being person centred, reliable and caring in order to change the face of aging. We found that inclusiveness and person centred care underpinned the services practices at all times. The registered manager told us that in order to improve people's quality of life it was essential that they felt valued, had something to still offer and that they were cared for.

To support these values, the registered manager ensured that prior to commencing people's care packages their individual needs were thoroughly assessed. This included personal information about preferences, religion, preferred names, hobbies, pets, and if the person smoked. Staff were interviewed in regards to their preference's and hobbies so that they could be paired with people who held similar interests. For example pairing a caregiver who loved to garden to a person who loved gardening. Care interventions included how to incorporate this love within every day care, such as walks in the garden and discussions about gardening, sharing advice and tips. As a consequence, care was developed and reviewed with people and staff and were owned by all involved.

In addition to this the manager sent out monthly newsletters with important information so people using the service could feel involved. People told us this helped to keep them informed of any important changes, or new opportunities and initiatives. The manager actively encouraged people to feedback where improvements could be made, or when staff had gone the extra mile. People knew whom to contact if they had any concerns about the care being provided. One said, "I have no concerns about the service, they are really good, but if I did, yes I would know who to contact. They leave me with all that information and they are all very approachable."

The value of caring was also encouraged by the management team amongst a staff group who often went the extra mile. For example, a staff recognition system was in place where a nominated member of staff would be 'the staff member of the month'. This followed a caption about what the member of staff had done well and their achievements. This was always values based, for example showing kindness, going beyond their job role, and demonstrating extra commitment to help. Each staff of the month received a gift or gift voucher to the value of £10 to recognise their outstanding contribution. Staff told us this made them feel valued and reinforced the importance of caring behaviour. One said, "They [managers] always listen to me, I can make any suggestions I feel would make a difference. I never feel stupid and they encourage us to speak up." This was echoed by all staff we spoke to. People told us, "They go beyond my expectations," and "They are simply marvellous, I don't know what I would have done without them. "

The registered manager and management team demonstrated caring and reliability, not just from careful monitoring of visits, but also by continuously updating themselves with potential opportunities for people in their care. They showed us examples when people had requested their services, but on assessment and review of their situation, the registered manager had identified that the person would be able to access free support from voluntary services or could be entitled to financial help and support. They told us, "It's important that we make sure people can access the support they are entitled too."

An example of this was that the service worked closely with organisations which supported carers such as Essex Carers Support and Crossroads Caring for Carers by providing carers with free manual handling training. The service also loaned their meeting room free to the Falls Prevention Team volunteers and the Frinton Residents Association. The registered manager also provided training for family members of people with dementia who were at risk of isolation and loneliness. This was available to people in the local community and people did not have to pay to attend. The course was also accredited and we saw a compliment from a relative of a person cared for by the service who had attended training. They had hand delivered it to the registered manager and wrote of how the training had resulted in them being able to improve their relationship with their loved one, giving them the skills to tackle difficult situations when the person became distressed.

The registered manager was forward thinking and had provided the care manager with additional development and training opportunities to prepare them to become a registered manager once the existing manager had retired. The registered manager told us, "It's important that we grow our own." They had paid for them to attend conferences and stay away from home and then to share information learnt with the care team. The registered manager told us, "These are local people and I want them to progress and develop. This is an important job and we need to recognise and reward our staff."

When we interviewed the registered manager and the deputy manager, they demonstrated that they were constantly looking at how they could develop themselves and develop staff to provide exceptional care to people, through training opportunities and sharing examples of best practice, both from within the service and from the local and wider community. This included ensuring that all staff had received accredited dementia awareness training. The manager collected evidence people's relatives written gratitude of staff which were shared with all staff, expressing how knowledgeable and helpful they had been and how this helped them to understand and support their loved ones living with dementia better. One such comment stated, "[Carer] turned my husband whole mood around when she last saw him and [name] was more like his old self. You have an excellent team and they all deserve medals and gold stars"

The provider actively sought and acted upon the views of staff and people using the service, acting as an excellent role model for person centred care. For example, the registered manager held regular staff meetings and staff were paid to attend these. Staff told us they really looked forward to the meetings because working independently meant they did not always get to see other carers. Meetings were an opportunity to catch up, discuss difficulties, and share ideas for improvements and potential training needs.

Meetings also discussed survey results of people using the service, any incidents, and information about lessons learnt from the wider franchise of Home instead. Staff were encouraged to discuss these outcomes. We looked at the meeting minutes and found that these were thorough, with clear points of discussion, lessons to be learnt including the service development action plans. We looked at the attendance records for these meetings and found that the attendance was excellent. The manager sometimes held two meetings, one in the morning, and one in the afternoon, to allow all staff to attend.

All staff we interviewed told us they enjoyed working at the service and that managers listened to them.

They said, "They are really supportive, it doesn't matter who I speak to on the phone they give me the support I need." Other staff told us, "No question is silly, if I don't know I know they will help me. If I need additional training I know I can ask for it." The registered manager ensured that when they took on new care packages that if staff required additional knowledge, training would be sourced by talking to local health professionals.

The registered manager had excellent links with local charities who would send them posters and fundraising requests via posters which the manager displayed in the office and send out information for staff to review. Staff were encouraged and motivated to get and involved and raise money for the local community projects. For example, the manager had organised a team to attend a MS ((Multiple Sclerosis) quiz night to raise funds for the charity, paying for the joining fee. This gave staff the opportunity to have a social engagement alongside doing something worthwhile. Other events included gathering teams of staff to midnight walks, raising money for cancer charities. The registered manager told us, "Getting involved broadens caregivers knowledge of the various charitable resources out in the community for our clients."

In addition to this the management team offered exceptional caring and support to their staff. The manager organised events outside of the work environment so that staff could get together and develop positive meaning relationships with each other. They had previous funded a health cash benefit scheme, but found staff had not used it so instead the registered manager contributed £10 towards each member of staff's evening out, for example to go bowling. In addition to this the staff could get together on beach hut days in the summer holidays, utilising a member of staff's beach hut, bringing along their children and loved ones for the day. The manager then paid for the food and drink. This level of support meant that staff felt important, cared for and motivated to be the best they could be.

Good governance systems were in place to monitor the quality of the service provided. For example, monthly medicine audits were completed and if errors were identified, the registered manager followed these up appropriately with supervision for staff and additional training.

The care manager and other senior care staff carried out regular quality assurance checks on staff as they carried out their work. For example how care staff spoke to people, whether they wore the correct uniform, whether they sought consent and promoted independence, and how staff protected people's dignity and treated people with respect. These checks were detailed and thorough and focused on ensuring staff were treating people with dignity and respect, safely and with the correct skills, values and behaviours that the registered manager expected from them. Where issues had been identified, for example, staff communication skills, these had been managed well with additional training and followed up with further observations, and supervision.

Home instead carried out satisfaction surveys with people and staff to monitor the care provided and the workforce morale. The survey for Jean Allen Home Instead, demonstrated that the service was doing well and was highly thought of by the people using it and staff working at the service. Whilst these were led by the franchise head office, the registered manager also had plans to produce a user-friendly newsletter with the information to say how the surveys had influenced the service they provided at Jean Allen, and how they had used it to train staff and improve the service offered.

We spoke to health and social care professionals about how they found the service. One told us, "We don't have much to do with them because most people are privately funded, but from what I know about them they are really well run and the staff are very good."

Careful monitoring of people's visit meant that the management team were able to pick up on if visits

regularly exceeded allocated time or if staff were not needed to be with someone as long as allocated. The manager then liaised with people's social workers, as an increase or decrease might be needed. The manager told us, "It's important to me that people get the time they need."

The service worked in partnership with other organisations to make sure they were following current best practice and providing a high quality service. The registered manager was involved in a variety of different forums in the area and what they learnt from good practice, they invested back into their service for the benefit of people who used it and their families and also shared their expertise with the community. For example, they were involved with 'Action fraud' an organisation fighting against scam mail and making people aware of the dangers this posed.

The registered manager were meeting their legal obligations such as submitting statutory notifications when certain events, such as injury to a person occurred. They notified the CQC as required, providing additional information promptly when requested and working in line with their registration.