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The Willows Nursing and Residential Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This was an unannounced comprehensive inspection that took place on 1 August 2016.

The Willows Nursing and Residential Home provides both care and nursing for up to 57 people with a range of needs. These include younger adults, people who are aged over 65, who are living with Dementia, who have a physical disability or a sensory impairment. The service is located on three floors. Each person had their own room. There were a number of communal lounges, kitchens and dining rooms where people could spend time together. At the time of inspection there were 43 people using the service.

The service had a registered manager. 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.

People's medicines were not always handled safely. We found that staff had not always signed when they had administered medicines. We also found that the area where medicines were stored was consistently recorded as being at a temperature that was above the recommended storage temperature for medicines. This meant that the medicines could have reduced effectiveness. Staff competency to administer medicine had been checked but had not been recorded. Where someone had a medicine that was taken as and when needed, there was no guidance in place to tell staff when this could be taken.

People were protected from the risk of harm at the service because staff had undertaken training to recognise and respond to safeguarding concerns. They had a good understanding about what safeguarding meant and how to report it.

There were effective systems in place to manage risks and this helped staff to know how to support people safely. The provider dealt with accidents and incidents appropriately.

Checks and risk assessments to make sure the building was safe had been completed. Evacuation plans were in place for people to help support them safely in the event of an emergency. We found that one person did not have an evacuation plan in place. People's equipment was regularly checked and there were plans to keep people safe during significant events, such as a fire.

There were enough staff to meet people's needs. They were recruited using robust procedures to make sure people were supported by staff with the right skills and attributes. Staff received appropriate support through a structured induction and regular supervision. There was an on-going training programme to provide and update staff on safe ways of working.

People were supported to maintain a balanced diet and guidance from health professionals in relation to eating and drinking was followed. We saw that people were able to choose their meals and were involved in

making them.

People were supported to make their own decisions. The registered manager had an understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). We found that assessments of mental capacity had been completed; however they needed to be for a specific decision. Applications for DoLS had been made where these were needed. Staff told us that they sought people's consent before delivering their support.

People were involved in decisions about their support. They told us that staff treated them with respect. People knew how to make a complaint. There was a complaints policy in place that was displayed in the home.

People received care and support that was responsive to their needs and preferences. Care plans provided detailed information about people so staff knew what people liked and what they enjoyed. People were encouraged to maintain and develop their independence. People took part in some activities that they enjoyed. People were offered the chance to be involved in reviewing their care plan each month.

People and staff felt the service was well managed. The service was led by a registered manager who understood their responsibilities under the Care Quality Commission (Registration) Regulations 2009.

Systems were in place which assessed and monitored the quality of the service. People were asked for feedback on the quality of the service that they received.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People's medicines were not always handled safely.

Checks on the building and equipment had taken place.

People were protected from risk of abuse and avoidable harm. Staff knew what actions they needed to take. Risks to people had been identified and assessed. There was guidance for staff on how to keep people safe.

There were sufficient numbers of staff to meet people's needs. The service followed safe recruitment practices when employing new staff.

Is the service effective?

Good

The service was effective.

People received support from staff who had received regular training and guidance to enable them to meet people's needs.

People's consent to care and treatment was sought in line with the Mental Capacity Act (2005). The registered manager had considered people's capacity to make decisions for themselves.

People received the support they required with their healthcare needs, to keep healthy and well. People were supported to maintain a balanced diet.

Is the service caring?

Good

The service was caring.

People were supported to be independent.

People were treated with dignity and respect. Staff interacted with people in a caring, compassionate and kind manner.

Staff knew people well and understood how each person wanted to be supported.

Is the service responsive?

Good

The service was responsive.

People's needs had been assessed with them. Care plans provided detailed information for staff about people's needs, their likes, dislikes and preferences. Staff demonstrated a person centred approach and put this into practice.

There was a range of activities that some people participated in.

There was a complaints procedure in place. People felt confident to raise any concerns.

Is the service well-led?

Good

The service was well led.

There was a range of audit systems in place to measure the quality and care delivered so that improvements could be made.

The registered manager had completed all notifications to the Care Quality Commission that they were required to make.

People knew who the registered manager was and felt that they were approachable.

People had been asked for their opinion on the quality of the service that they had received.

The Willows Nursing and 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 1 August 2016 and was unannounced. The inspection was carried out by two inspectors, a specialist nurse advisor and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert had experience of caring for someone who used this type of service.

Before our inspection, we reviewed the Provider Information return (PIR). The PIR is a form that asks the provider to give some key information about what the service does well and improvements they plan to make. We also reviewed information we held about the service and information we had received about the service from people who contacted us. We contacted the local authority that had funding responsibility for some of the people who used the service. We also contacted Healthwatch (the consumer champion for health and social care) to ask them for their feedback about the service.

We reviewed a range of records about people's care and how the service was managed. This included five people's plans of care and associated documents including risk assessments. We looked at four staff files including their recruitment and training records. We also looked at documentation about the service that was given to staff and people using the service and policies and procedures that the provider had in place. We spoke with the registered manager, a nurse, four care staff, a housekeeper, the cook and a visiting health professional.

We spoke with eight people who used the service. This was to gather their views of the service being provided. We observed staff communicating with people who used the service and supporting them

throughout the day. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Requires Improvement

Is the service safe?

Our findings

People sometimes received their medicines safely. We found that arrangements were in place for the storage, administration and disposal of medicines. People told us that they were happy with how the staff managed their medicines. One person said, "They're very good with my medication." Other people told us that the staff would give them medicine to manage their pain. Comments included, "I have tablets whenever I have pain," and, "I have my ibuprofen which I take when the pain gets bad." There was a policy in place which covered the administration and recording of medicines. Staff told us that they felt confident with the medicine administration that they were carrying out and that they had received training in this. Records confirmed that this training took place. One nurse told us that all of the staff who administered medicines reviewed each other's practice to make sure that they were competent to administer medicines. These checks were not recorded. Where someone had a medicine that was taken as and when needed there was no guidance in place to tell staff when this could be taken.

We looked at the records relating to medicine and found there were times when staff had not signed to say that they had given a person their medicine. We also found that when medicine had been refused staff were using different codes to record this including leaving the record blank. We discussed this with the registered manager who told us that when a missed signature had been identified they would discuss this with the individual staff member and carry out checks to make sure that the medicine had been given. The registered manager advised that someone did audit the medicine records at the end of the month and would identify any errors so that these could be investigated. We found that one person's medicine had been recorded as out of stock or not given over a period of five days. We discussed this with the registered manager who updated us after our visit to identify that this had been prescribed while the person was in hospital and they had been discharged without this medicine. They told us that staff on duty at the time had resolved this as soon as possible.

Where people were prescribed cream this was stored in their rooms. We saw that there were medicine records for staff to sign to say this had been administered. However, we found that these were not signed on a regular basis. A nurse on duty told us that some staff marked the medicine record to show that cream had been given but not all did this. The registered manager told us that people had their creams applied as they had been prescribed. They told us they would remind staff about the importance of signing these records.

We found that the temperature of the room where the medicine was stored had consistently been higher than the recommended storage temperature for most medicines. This meant that the medicines could have reduced effectiveness. We discussed this with the registered manager. They told us that they would contact the pharmacy and ask them to check that the medicines had not been affected by the temperature and find a cooler place to store the medicine.

People told us that they felt safe. One person said, "Yes I do feel safe here." People were protected from the risk of harm because there were contingency plans in place in the event of an untoward event such as large scale sickness or accommodation loss due to flood or fire. Staff knew the fire response procedure and this was practised to make sure that everyone knew what to do in an emergency. Personal emergency

evacuation plans were in place for people living at the home. These provided a guide for staff and emergency workers in regards to the assistance people required in the event of a fire. We saw that regular testing of fire equipment had taken place.

Where people used equipment such as hoists, the required checks had been completed to make sure that these were safe for people to use. We found that there was a Legionella risk assessment in place. However, legionella testing had not been carried out. The registered manager told us that they would speak with their health and safety advisor regarding this. Appropriate safety measures to reduce the risk of legionella had been completed.

People and their relatives told us that there were enough staff to meet their needs safely. One person told us, "They answer the buzzer fairly quickly." Another person commented, "They usually respond in 2 – 3 minutes." Another person told us, "I appreciate that they have a lot of people to help. There aren't enough of them." One person said, "Yes there are enough staff." Staff told us that they felt there were enough staff to meet people's needs. One staff member said, "I think there are enough staff. We work in the different lounges. Some days are busier than others." The rota showed that suitably trained and experienced staff were deployed. We saw that staff responded to people's requests in a timely manner. We found that staff had time to talk with people and support people when they asked for this.

Staff members we spoke with had an understanding of types of abuse and what action they would take if they had concerns. All staff we spoke with told us that they would report any suspected abuse immediately to the registered manager or external professionals if necessary. One staff member said, "I would go to the nurse in charge or the manager." Policies and procedures in relation to the safeguarding of adults were in place and the actions staff described were in line with the policy. Staff told us they had received training around safeguarding adults. Records we saw confirmed this.

Most staff we spoke with told us that they understood whistleblowing. Whistleblowing is where staff can raise legitimate concerns about practices within the home safely. Staff felt they could raise concerns and that there was a procedure for this. One staff member was unsure of who they could go to but told us they would search for this on the internet. We suggested that the member of staff could look at the policy that was in place in the service around whisltleblowing. The registered manager had an understanding of their responsibility for reporting allegations of abuse to the local authority and the Care Quality Commission. We saw that the registered manager had reported concerns appropriately to the local authority safeguarding team and the concerns had been investigated either internally when this had been requested by the local authority or by the local authority.

People's care plans included risk management plans and control measures to reduce risk. These provided staff with a description of any identified risk and specific guidance on how people should be supported in relation to this. These included assessments about how staff could assist the person to move safely and how to reduce the risk of falls. Risk assessments were reviewed monthly unless a change had occurred in the person's circumstances. This was important to make sure that the information included in the assessment was based on the current needs of the person.

Where accidents or incidents had occurred these had been appropriately documented and investigated. The documentation included a detailed description of what had happened. Where these investigations had found that changes were necessary in order to protect people, these issues had been addressed and resolved promptly.

People were cared for by suitable staff because the provider followed recruitment procedures. Staff had

undergone recruitment checks as part of their application process and these were documented. We looked at the files of four staff members and found that all appropriate pre-employment checks had been carried out before they started work. These records included evidence of good conduct from previous employers, and a Disclosure and Barring Service (DBS) Check. The DBS helps employers make safer recruitment decisions and helps prevent the employment of staff who may be unsuitable to work with people who used care services. This meant that people could be confident that safe recruitment practices had been followed.

Good

Is the service effective?

Our findings

People were supported by staff who received an induction into their role. Staff told us that they had received an induction. They described how they had been introduced to the people they supported and said they had been given time to complete training, read care plans and policies and procedures. The staff also said that they had shadowed more experienced staff before working alone with people using the service. Records we saw confirmed that this had taken place. The registered manager told us that they used the Care Certificate for new staff members. The Care Certificate was introduced in April 2015 and is a benchmark for staff induction. It provides staff with a set of skills and knowledge that prepares them for their role as a care worker.

People were supported by trained staff. We looked at the training records for all staff. These showed that staff had completed a range of training including training that was specific for the needs of the people who they supported. The staff we spoke with told us that they felt that they had completed adequate training to enable them to carry out their roles and that training was of good quality. One staff member told us, "It is always on-going." We saw that The Willows Nursing and Residential Home had a number of staff who were trainers in certain elements of training so that courses could be provided as and when they were needed. For example, we saw that staff were trainers in moving and handling. This meant that they could update and assess staff practice on an on-going basis.

People were supported by staff who received guidance and support in their role. There were processes in place to supervise all staff to ensure they were meeting the requirements of their role. Supervisions are meetings with a line manager which offer support, assurance and learning to help support workers develop in their role. Staff told us that they had regular supervision meetings and felt supported. One staff member told us, "You can talk to the management here. All you have to do is ask." Records we saw confirmed that supervision meetings had taken place. We saw that there was a supervision matrix in place to record supervision's however this had not been updated. The registered manager told us that people had received supervision meetings and there were individual notes of these in their files. Records we saw confirmed these had taken place.

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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

Where people were not able to make their own decisions we saw that mental capacity assessments had been completed. However, we found that some assessments had been carried out for more than one decision. The registered manager told us that they would make sure that capacity assessments were completed for each separate decision that needed to be made in line with the MCA. We saw that care plans included information about each person's ability to make their own decisions.
We found that a DoLS had been requested for people who may have been at risk of being deprived of their liberty. The registered manager showed an understanding of DoLS which was evidenced through the appropriately submitted applications to the local authority.

Staff were able to demonstrate that they had an understanding of the MCA and that they worked in line with the principles of this. This involved supporting people to make their own decisions and respecting their wishes. One staff member told us, "At the end of the day it is their choice. I would encourage someone not to do something. I would discuss it with the nurse in charge." Staff understood the need to ask people's consent before they supported them. One staff member commented, "I always ask for consent." We saw that staff asked people if they wanted help before supporting them throughout our visit.

People told us that they enjoyed the food. One person said, "It's very, very good. You couldn't fault it." Another person told us, "I have to say that the food here is alright." We spoke with the cook who told us, "Everything is homemade. Residents picked to have a casserole in the summer. They always have the option of something like a salad if they want it." People were supported to have sufficient amounts to eat and drink to maintain a balanced diet. We saw a menu was available with choices for each meal and this was based on what the people who used the service liked to eat. People had chosen their meal the day before. We saw that people were not reminded what the meal was when it was put in front of them. The menu was displayed in the main corridor but not everyone visited this area of the home. Throughout the day people were offered snacks and drinks. Where someone had a dietary need such as a soft diet this was provided. The cook told us that they had information about people's dietary needs and made sure that their meals were prepared in line with their assessed need. For example, scones were made using a sugar alternative so that people who were diabetic could still have this option. Staff were aware of people's needs and preferences in relation to eating and drinking. We saw that people could request an alternative meal to the food that was on the daily menu and this was provided.

People were supported to maintain good health and could access health care services when needed. One person told us, "The nurse came today and she'll come again on Wednesday and Friday." We saw that people were referred to therapists when appropriate, such as when their mobility had changed. People's healthcare was monitored and where a need was identified they were supported to visit the relevant healthcare professional. We spoke with a health professional who was visiting The Willows Nursing and Residential Home. They told us, "We have a good relationship with the home. They follow our advice. They always come to us if they need us or have concerns." Records showed that people were supported to attend routine appointments to maintain their wellbeing such as the podiatrist. Records showed that information from health appointments was recorded. We saw that care plans contained contact details of people's relatives; GP or other involved health professionals so that staff were able to contact them if they needed to.

Good

Is the service caring?

Our findings

People were mainly positive about the support that they received and the caring nature of staff. One person told us, "The staff are very good and kind." Another person said, "They are all pretty good." One person commented, "They vary. Some are very good." Another person said, "They look after you." A visiting health professional told us, "The care staff are all lovely."

People were treated with dignity and respect. A visiting health professional told us, "The staff are very good at promoting dignity." We observed staff interacting with people in a caring compassionate and kind manner throughout our visit. We heard light hearted conversations which led to laughter and joking. We saw that staff spent time chatting to people and took an interest in them. Staff told us how they promoted people's dignity. This included making sure people were covered during personal care and knocking on the door before entering a person's room.

People were involved in making decisions about their care. This included decisions about meals, going out, and attending activities. We saw throughout the day of our visit that people were asked if they wanted support with things such as changing their clothes or completing a game or puzzle.

People's preferences and wishes were taken into account in how their care was delivered. For example routines that they wanted to follow were respected. Information had been gathered about people's personal histories, which enabled staff to have an understanding of people's backgrounds and what was important to them.

People's independence was promoted. One person told us, "I do my own personal care. It takes me a long while but I can do it." People were encouraged to maintain the skills that they already had and make their own choices. For example, we read in one care plan, 'Encourage [person's name] to choose daily clothes.' In another person's care plan we read, 'Encourage [person] to wash their hands and face. Encourage him to do as much as possible." This meant that staff were not doing things for people that they could still do for themselves.

Staff were knowledgeable about the people who they supported. They could tell us about people's histories and preferences. We saw that this information was recorded in people's care plans. This had been provided by each person and their family and friends. This included information about people's work history, family and holiday's people had been on. This meant that staff had access to information about what was important to the person and could use this to have conversations with people about things that mattered to them.

People's visitors were made welcome and were free to see them as they wished. One person told us, "Visitors can come whenever they want. You can use the visitor's room for a private conversation if you want."

The provider had made information on advocacy services available to people. An advocate is a trained

professional who can support people to speak up for themselves. We saw that there was information in one of the communal areas on advocacy services. We also saw in one person's support plan that an advocate had been involved to support them to make decisions about their finances. This meant that people were supported to be actively involved in decisions about their support.

Good

Is the service responsive?

Our findings

People's needs were met. One person said, "I get help when I need it." People's care plans included information that guided staff on the activities and level of support people required. We saw that people's needs have been assessed and care plans had been put in place for staff to follow to ensure that their needs were met. Care plans contained information about people's preferences and usual routines. This included information about what was important to each person, their health and details of their life history.

People's care and support needs were assessed prior to anyone moving into the service. This was to make sure that the staff team could meet people's needs appropriately. Records we saw confirmed that this had taken place. Staff knew how to support people if they became upset or distressed. We saw from one person's support plan that they could become anxious. The care plan identified examples of how to identify the triggers for the behaviour and de-escalate this behaviour. Staff were able to explain these to us. This meant that staff were able to support people effectively when they were upset or distressed.

People participated in developing and reviewing their care plans. One person told us, "We have meetings once a month. They ask us if we are satisfied with the food and the way things are done." We found that people and their relatives were invited to a review of their care plan each month or to make comments if they were not able to attend the review to make sure that their views were taken into account. We saw that information was included about what each person liked and disliked. One person told us, "When I first came they asked me what I preferred to be called." The registered manager told us that people were involved in completing information about their history, likes, dislikes and preferences and reviewing this information. Staff had a good understanding of the support needs of the people they worked with and could tell us about these. This meant that staff knew the people who they cared for and how they wanted to be supported.

People were offered activities to participate. We received mixed views about how much people enjoyed these. One person said, "I would like to see more activities. Especially for the brain." Another person told us, "I don't like to go to the general room. I prefer to spend time in my room. The staff don't get chance to sit and chat with me." Other people commented on activities that they had enjoyed. These included an ex church minister who visited and played music, a singing session and a monthly church service. We saw that staff spent time with people individually on the day of our visit playing games and completing crosswords. An activities co-ordinator was employed who worked each weekday afternoon. We saw that they initiated a game of bingo. There were no planned daily activities. Staff told us that people were asked what they wanted to do. We saw that people had access to computers so they could contact family and friends or just for general use. These were locked in cupboards to keep them safe. A member of staff told us that these were unlocked throughout the day so people could use them. The Willows Nursing and Residential Home had a newsletter that was produced for the people who lived there. This included quizzes, news and games. People were reading this on the day of our visit.

Handover between staff at the start of each shift ensured important information was shared, acted upon where necessary and recorded. This ensured people's progress was monitored and any follow up actions were recorded. Key information was recorded in the communication book that all staff could access.

The registered manager told us that the home was decorated in way that promoted a homely environment. We saw that the outlay of the home allowed people to walk in a circular direction so they did not get lost. However there was no clear definition between corridors to make it easier to identify where you were. For example, good practice where people are living with dementia is for corridors to have a different coloured handrail, or to be a different colour to orientate people. We found that there were a range of bathrooms and shower rooms that people could use. These were not always identified clearly. One staff member told us, "It would be useful to have a modern bathroom. It would make it easier for people." We saw that the bathrooms had older style baths in them. The registered manager told us that people liked to have these as they were models that they were familiar with.

People told us that they would speak with staff or the registered manager if they were worried or had any concerns. One person said, "If I was concerned about anything I would press my call bell and talk to them." Another person told us, "I feel free to tell them anything." Another person commented, "I have no complaints." There were procedures for making compliments and complaints about the service. These were displayed so that people had access to the policy. The complaints information that was displayed had not been updated since 2006. We discussed this with the registered manager who told us that they had a more up to date policy. They agreed that they would make sure that the most recent policy was displayed. The registered manager told us that they had not received any formal complaints. They said that this was because people had the opportunity each month to provide feedback on the service and raise any concerns so any identified issues were addressed quickly.

Good

Is the service well-led?

Our findings

People told us that they were pleased with the service. One person told us, "It's a good place to be." A visiting health professional said, "It is a very good caring home. We have a good relationship with them." The registered manager had identified lead people to complete quality checks of the service to make sure it was of a high standard. We saw that checks were being completed on areas such as medicines, care plans, and environment checks. Records showed that these checks had been completed monthly. We also found that quality checks had been completed by outside professionals such as Boots pharmacy who had reviewed the medication within the home. This meant that the delivery of the support people received was being regularly reviewed.

People had been asked for their feedback on the quality of the service monthly as part of a review of their care needs. The registered manager told us that they had tried to send an annual questionnaire but had a very limited response as people were given a formal opportunity monthly to provide feedback as well as being able to contact the registered manager at any time. Records we saw showed that people provided their feedback as part of the review of the care needs. Comments we saw included, 'I'm happy with the care of my mother' and 'The nursing staff are very caring.' We saw that where actions were needed these had been completed and were recorded.

The Willows Nursing and Residential Home had received accreditation for the Gold Standards Framework for End of Life Care. They had maintained this accreditation since 2010. The framework aims to improve the quality of care for all people nearing the end of life in line with their preferences and to provide outcomes that matter to people. Feedback we saw from the most recent accreditation was that 'Families and residents I spoke to on the day were very pleased with the level of care and support they receive. The home has maintained the Gold Standards Framework to a high standard.' The service had received the Quality Assessment Framework Award at silver level from Leicestershire County Council in 2016. The Willows Nursing and Residential Home also had Investors in People status. This is n assessment that sets standards for people management. This meant that the registered manager and staff were working to recognised standards of quality and maintaining or improving these.

Records were maintained at the service and those we asked to see were located promptly. Staff had access to general operating policies and procedures on areas of practice such as safeguarding, the MCA, whistleblowing and safe handling of medicines. These provided staff with up to date guidance. The registered manager ensured that staff meetings took place regularly. During the meetings the staff team were informed of any changes, training, or updates on policies and procedures. Minutes we saw showed that staff were able to raise concerns and discuss their practice as part of the meetings.

The service had an experienced registered manager. We received positive feedback about how they managed the service and supported the staff. Staff spoke highly of the registered manager and the service. One staff member told us, "[Registered manager] is very approachable." Another staff member said, "The management is good here. If you have a problem you can knock on the door. [Registered manager] sorts it out." The management structure in the home provided clear lines of responsibility and accountability. The

registered manager was supported by the provider, qualified nurses, senior carers, and a team of care workers. Staff told us that the registered manager was always available and that they spent time in the service to see how people were. We saw staff and people who lived at the service were comfortable speaking with them.

The registered manager was aware of their registration responsibilities. Providers and registered managers are required to notify us of certain incidents which have occurred during, or as a result of, the provision of care and support to people. The registered manager had informed us about events that they were required to.