Care UK Homecare Limited

Newcastle Community Care Services DCA

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The unannounced inspection took place on 17, 19, 20 and 25 February and 2 March 2015. We last inspected the service 28 January 2014 when we found the service was meeting all the regulations that we inspected.

At the time of our inspection, Newcastle Community Care Services DCA provided home care and housing support for 513 adults and children living in their own homes, which meant staff made over 6000 visits a week to support these people. These figures will fluctuate due to the nature of the service.

Summary of findings

The service had a registered manager in post. 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.

We considered people were not fully protected against the risks associated with medicines because information was not always in place to manage 'as required' medicines.

We found risk assessments required improvement in the way they were written and the terminology used.

There were safeguarding policies and procedures in place. Staff knew what actions they would take if abuse was suspected. The provider had dealt with previous safeguarding concerns appropriately.

Accidents and incidents were recorded and dealt with effectively by the provider. Where issues (including complaints) had occurred, actions had been taken and lessons learnt.

Staffing levels were maintained by timely and safe recruitment procedures. The provider had a new system in place to ensure rota allocations were monitored so people received their care 'call' on time and staff were kept safe. The registered manager told us they tried to ensure people were visited by the same care staff but that was not always possible due to sickness or holidays.

Staff had received a 12 week induction and completed appropriate training. Where gaps in training had been identified, the provider ensured staff received additional training, for example, in dysphasia or dementia. Staff said they felt supported by their line manager and the provider.

The registered manager was fully aware of the Mental Capacity Act 2005, particularly in relation to the court of protection and lasting power of attorney. There were policies and procedures in place and staff had been trained. Where people required the support of an advocate, staff had helped to secure their services.

Some people received support with eating and drinking as part of their care package. People were provided with meals they had chosen and preferred and staff ensured drinks were left between visits for people if they required them.

Staff promoted people's independence and treated people with warmth and kindness in a respectful and dignified manner. People's likes and dislikes had been recorded and staff knew the people they supported. Care plans and associated documents were built around the person and involved them, their family and professionals.

There was a complaints procedure in place and people and their relatives knew how to access and use it.

The service was well led with a dedicated registered manager in place, who was committed to providing a good service and had implemented various quality checks to monitor this.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People were not fully protected against the risks associated with medicines because information was not always in place to manage 'as required' medicines.

A number of risk assessments required to be improved in the way they were written and the terminology used.

Safeguarding policies and procedures were in place and staff were aware what actions they would take if abuse was suspected.

Staffing levels were maintained by timely and safe recruitment procedures.

Is the service effective?

Good

The service was effective.

Staff were trained to meet the needs of the people in their care.

People received food and drink which met their nutritional needs.

The registered manager was aware of the Mental Capacity Act 2005, particularly in relation to the court of protection and lasting power of attorney.

Staff supported people with any additional healthcare needs, including appointments with GP or going to hospitals.

Is the service caring?

Good

The service was caring.

Staff were kind and compassionate. They treated people with dignity and respect and supported to maintain their independence.

Staff had supported people to use advocacy services where additional help was required.

Is the service responsive?

Good

The service was responsive.

People's needs had been assessed and care plans reviewed regularly with associated risk assessments put in place. Staff had recorded the personal likes and dislikes of people and knew the people they worked with well.

People were encouraged and supported to participate in a range of activities when this was part of their care package.

There was a clear complaints procedure in place and when people had complained, it had been dealt with effectively.

Summary of findings

Is the service well-led?

Good

The service was well led.

There was a registered manager in place. She told us she was very committed to providing an excellent service to the people whom she worked for.

A range of audits and checks were in place to monitor the quality of the service provided.

People confirmed surveys were sent out and calls received from the provider in order to gain their feedback.

Newcastle Community Care Services DCA

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 17, 19, 20 and 25 February and 2 March 2015 and was unannounced. The inspection was carried out by two adult social care inspectors, three experts by experience and one specialist advisor. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service and a specialist advisor is a person who specialises in a particular area of health and social care, for example medicines, moving and handling or quality assurance.

We reviewed information we held about the service, including the notifications we had received from the provider about serious injuries or safeguarding concerns. Prior to the inspection we contacted local authority contracts teams and safeguarding officers from across the areas where the service operates. We also contacted the local Healthwatch organisation by email to obtain their opinion of the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. None of the people who responded raised any concerns.

We contacted health and social care professionals by telephone before and following the inspection to seek their opinion of the service. These included community nurses, social workers, advocates, occupational therapists and speech and language therapists.

We contacted people and their relatives from across the geographical areas the service covers; South Shields, Newcastle, Darlington, Sunderland, Middlesbrough, Jarrow, Hebburn and Boldon Colliery.

We visited and spoke with 11 people in their own homes and spoke with 31 by telephone. We also spoke with 12 relatives.

We spoke with a number of staff during the inspection, including the registered manager, the quality assurance manager, four office based staff, two team leaders and fourteen care staff.

We looked at a range of care records which included the care records of the people we visited in their homes (11) and a further 15 at the office. We also checked the personnel files of 10 staff members. We looked at accident and incident records, training records, quality assurance checks, health and safety information, risk assessments, meeting minutes and surveys undertaken.

Requires Improvement

Is the service safe?

Our findings

We asked people how staff supported them to safely administer their medicine. One person said, "The staff help me to take it, they get it out for me and make sure I have had it. I would probably forget otherwise." Another person said, "[Staff name] keeps me right, they [tablets] are so fiddly I would not manage myself." People had support plans, risk assessments and medicine administration records (MARs) in place to provide guidance to staff. The provider used 'easy read' medicines information for people who may have needed that level of support. Easy read information sets narrative out in simple words and pictures to help people who may not be able to understand the usual format.

We checked medicines records and found the majority of people received their medicine in packs made up by the chemist, although some did receive them in individual boxes. The MARs we checked had all been filled in correctly with peoples prescribed medicines with no missing gaps. We could see staff had signed to say medicine had been administered. Staff ensured people's medicines were stored safely and discarded after 'use by' dates had been reached. One person's daily communication record stated staff had contacted a GP to check the person's medicines could be taken with particular vitamins. This meant staff were aware of the potential effect other remedies may have on peoples prescribed medicines.

Staff said their medicines training was up to date and records confirmed this. We also saw staff had received competency assessments to show they were suitable to administer medicines to people. People's care records detailed information on 'how people took their medicine', including information on allergies.

One medicines support plan for an individual had not been reviewed since March 2014 and when we brought this to the attention of the registered manager they said they would address the issue immediately. The provider's policy stated an 'as required' protocol must be in place and signed by the GP with clear instructions on when and how this type of medicine should be given. We found that a protocol was not always in place when people had been prescribed 'as required' medicines. Information available to staff on one MAR sheet stated, for example, in the case of paracetamol – two 5mls up to four times a day but no further information was available. Staff confirmed the MAR sheet was the record they used for guidance. This increased the risk of people not receiving the correct dosage. The registered manager confirmed they would address this.

Out of the 42 people that we spoke with, 39 said they felt safe at all times and the other three commented on an issue they had experienced which made them feel unsafe at a particular time. These issues, we found, had been dealt with appropriately by the registered manager. Comments from people included; "I feel completely safe. I always have with Care UK. Even when [usual care workers name] was off sick and I had a few different people, I always felt comfortable with them"; "I feel very comfortable and safe with everyone they send"; "Yes, I definitely feel safe"; " They [care staff] are very good. I feel safe. I have the same three people and they put you at your ease". Relatives comments included; "Of course he is safe, staff are well trained"; "I trust them"; "Oh yes, very safe. The staff that come are very good."

The provider had safeguarding procedures in place. The registered manager was able to explain the process she would follow, including reporting concerns to the local authority safeguarding team and also to the Care Quality Commission. Where there had been safeguarding concerns, these had been dealt with appropriately by the registered manager. Staff confirmed they had received training in safeguarding and this was updated on a regular basis.

Staff were also familiar with whistleblowing procedures and each one we spoke with said they would report any concerns regarding poor practice they had to the registered manager or their line manager.

Risk assessments or risk management plans were in place and regularly reviewed so the people who used the service were safeguarded from unnecessary hazards. For example, medicines risk assessments. Individual risk assessments to safeguard staff were available. For example, around the use of equipment or the use of various chemicals. However, we found a number of risk assessments required improvement in the way they were written and the terminology used. For example, one person's risk assessment regarding a particular medicine had a section marked 'how serious'. This section should have been completed with information on the possible outcome of this medicine being incorrectly

Requires Improvement

Is the service safe?

taken. Instead, it had been completed with the words 'all staff need to read and sign this'. We discussed our findings with the registered manager who said they would address these issues immediately.

We looked at accident and incident reporting and saw these were monitored for any trends forming and noted where issues had occurred, actions had been taken and lessons learnt. For example, one accident had occurred when staff had not followed the correct moving and handling positioning for one person. In response, staff had been booked on updated training. When accidents or incidents had occurred, these were discussed at team meetings so all staff could learn from these issues.

At the time of the inspection there were 217 active care staff working at the service with 94 inactive. Inactive care staff included staff on holiday or those on sick leave as well as those currently not working for other reasons. The provider had a system in place to ensure each person received their care package in a timely manner. They recognised staff sickness or other absences had an effect on scheduling from time to time and worked extremely hard to ensure staff were replaced by others when this happened. The provider tried to ensure people received continuity of care from the same staff members, although they recognised this was not always possible due to the type of service. They had recently extended their office opening hours in response to feedback and staff confirmed this. One staff member said, "I think it is a good idea as sometimes people might have issues early and they might want to talk to someone."

There was an emergency on call number and procedures that both people and staff could activate. One person said, "I had to ring in once some time ago for help and they sent someone more or less straight away. I was so glad about that." Another person said, "You can ring the office if there is a problem. I have never had to do it, but the number is there if I need it." The provider's emergency contingency plan was available. This would be activated in the case of a computer system failure, or in bad weather conditions when staff travel arrangements may be affected. The plan was designed to ensure people would still receive the care provided by the service.

We found appropriate checks had been undertaken to ensure staff were suitable to work with vulnerable adults. Checks had been completed by the Disclosure and Barring Service (DBS). These checks aim to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. Staff records confirmed potential employees had to complete an application form from which their employment history had been checked. Suitable references had been provided and taken up in order to confirm this. Eligibility checks had been carried out and proof of identification had been provided. We noted on staff records where staff had been involved in disciplinary issues, these had been carried out appropriately and in line with the provider's policy by the registered manager. The provider was in receipt of a valid certificate of approval from a local authority safeguarding children's board. The certificate confirmed the service had a suitable children's safeguarding policy; that they had a designated person, who had been appointed and trained in relation to safeguarding children; that staff had received safeguarding children awareness training and all staff had undergone enhanced personnel security checks.

Good

Is the service effective?

Our findings

People comments included; “She [care staff] is well qualified. She is as good as a nurse”; “The staff are very well trained. They do the job they are paid to do and they always do what I ask. I have no complaints”; “They do the job well”;

We spoke with one staff member who was relatively new to the service. They said they had completed a 12 week induction programme and said, “I have also completed lots of training which has helped me and I enjoyed.” Other staff we spoke with told us they completed regular training which supported them to fulfil their caring responsibilities. Staff had completed the care induction standards. Care induction standards are the standards people working in adult social care need to meet to ensure they can safely work unsupervised. Staff records confirmed that training included; moving and handling, dementia awareness, emergency first aid and medicines. We confirmed through records and by talking to staff and health professionals, the provider had supported staff to receive appropriate and additional training when people’s needs had changed. A number of staff supporting one person had received dysphasia training from the speech and language team. Dysphasia is an impairment of the ability to communicate resulting from brain injury. One health care professional said, “It would be good if staff had every type of training, but I recognise that people’s needs can change very quickly and staff might not be equipped immediately. However, what I have found, is that the staff are provided with the relevant training by their managers as soon as a gap is spotted.” We saw examples of staff using their training to support people. We observed staff assisting people to transfer with various moving and handling equipment such as a hoist and a walking frame. All transfers were carried out safely using the correct procedure.

Staff had signed records to say they had read and understood key policies and procedures in best practice, for example medicines, accidents and incidents, food hygiene and dignity and respect.

Staff confirmed support meetings (supervision) were held with their supervisors to discuss work related issues and any other concerns that they may have. All staff that we spoke with told us that they felt supported by their supervisor and had opportunities to meet with them. The quality assurance manager had set a programme of supervisions for the year ahead to allow them to monitor and check team leaders had received theirs. We also saw appraisals took place every year and both the staff member and their supervisor were involved in recording information about their progress.

The registered manager said communication between health care professionals and staff was usually very good. Staff had made appropriate contact with healthcare professionals when the need arose to seek further advice or guidance. For example, when one person had swallowing difficulties, the speech and language team had been involved. The speech and language team support people who may be at risk of choking. We also saw referrals to district nurses, GP and consultants.

People had consented to receive care and support and we heard staff asking people before they began with a particular task, for example providing personal care. Staff had an awareness of procedures involving people who may lack capacity. The registered manager was able to explain what involvement the court of protection may have with people. The Court of Protection in English law is a superior court of record created under the Mental Capacity Act 2005. It has jurisdiction over the property, financial affairs and personal welfare of people who it claims lack mental capacity to make decisions for themselves. We discussed people’s capacity with the registered manager and the quality assurance manager and they said that all reviews of people’s care and support were going to include more detailed updates on any involvement by lasting power of attorney (LPA) or court of protection. LPA is a legal tool that allows people to appoint someone to make certain decisions on their behalf.

Many staff supported people in their own homes with the preparation of meals. Comments people made included, “They [staff] do me a dinner and sort my meals out so I only have to microwave them later or they put me sandwiches up if I fancy them, they see to everything.”; “The girls [staff] rustle me up a meal and make sure I have something for later too.”; “I feel I have enough food and staff help me with it.” When we visited one person we noted staff had prepared them a ready meal. We asked the person if they were happy with the food that was prepared for them. They said, “They [staff] make what I ask, if I want something else, they will do that. I am happy.”

Another person we visited could not speak with us, due to their health condition, but we confirmed from their records

Good

Is the service effective?

and by talking with staff that their likes and dislikes were known. Staff provided a wide range of foods appropriate to the person's needs and had involved health care professionals to support them with their dietary requirements. We spoke with the person's relative and they said staff looked after their family member well. Other relatives we spoke with were happy with the food prepared and one said, "It puts your mind at rest knowing they are getting fed." From the visits we made to people's homes, we noted staff had checked people were left with drinks if they required them between their visits. We also saw staff had received food hygiene training which meant they were able to prepare food safely.

Good

Is the service caring?

Our findings

People said staff were caring and respected their dignity. Comments from people included; “Nothing is too much trouble. They [staff] are there whenever I need them. Last year I had to go into hospital for a while. Care UK kept a check on me and when I came home they had sent someone in to clean for me coming home. They are so thoughtful like that”; “They are fantastic girls [staff] who do my visits”; “They spend a lot of time with me. They are never rushed. They sit and have a good chat and a coffee”; “I have no family nearby and the girls [staff] are like family to me”; “I have a good chuckle with her [staff], she keeps me right and does care about me.”

Relatives comments included; “She [person’s name] looks forward to seeing her carer who is the only one. She’s [staff member] a friend’, they’ve built a relationship”; “Nice people, son looks forward to seeing them [staff]. They are like my family”; “We always have the same two carers, they have become part of the family.”

One healthcare professional said, “Staff promote people’s dignity, they don’t talk about the person in front of them and don’t talk over them.” Another healthcare professional said, “I believe that staff are caring and have the service user’s best interests at heart.” Staff were considerate of people’s dignity and privacy. We heard one staff member knock on the front door and shout through before they entered. Staff told us how they supported people with personal issues to balance meeting their needs and maintaining their dignity. This included providing support from a member of staff of the person’s preferred gender.

Staff spoke about people in a positive and respectful way and it was clear from what we observed staff cared about the people they were supporting. We heard staff giving words of encouragement to people in order to support them to maintain their own dependence. When we visited people in their own homes and staff were present, we heard warm and naturally caring conversation taking place which showed staff knew people well. One person said, “I like to have a bit carry on [meaning a joke] and they [staff] are good at cheering me up.” Staff said they really cared about the people they visited. One staff member said, “This is not an easy job, but I would not change it for the world. The people we look after are lovely”.

From records, we noted people had accessed advocates when the need had arisen. An advocate is someone who represents and acts as the voice for a person, while supporting them to make informed decisions. We spoke with one advocate who was positive about the staff team and said they worked in the best interests of the person. They said the provider had involved them to help support the person with particular issues they had.

We were told and people’s relatives confirmed that staff had raised money for a children’s party at Christmas which was held in a local centre, with Care UK doubling the amount of money staff had raised. Staff said they provided selection boxes for all of the children using the service and their siblings and gifts were tailored to individuals as some children had special dietary needs.

The registered manager said most of the compliments they received at the service were from relatives of people who had passed away and those which the service had provided end of life care for. She said, “The staff go out of their way to gently support people at this crucial time.” We spoke with a relative of one person who was receiving end of life care and they said they were extremely happy with the level of care that had been provided so far. They said, “The staff have been very good indeed, nothing to complain about at all.”

Good

Is the service responsive?

Our findings

Generally people thought the service was responsive. People's comments included; "They [staff at the office] told me that if my condition gets worse or I am struggling then I should call them"; "I have never even thought about complaining, but yes, I would know what to do if something goes wrong"; "I have never complained and never needed too. Nothing could make it better. I would rate it outstanding."

People's needs had been assessed and care plans reviewed regularly with associated risk assessments put in place. We noted, where professionals had been involved, this was recorded and included documentation. People said they were involved in their care and where people were unable to, as they did not have capacity due to living with dementia for example; relatives, staff and healthcare professionals had made best interest decisions on their behalf. One person told, "She [team leader] stays for over an hour and we go through my care package and she checks everything is ok." Relatives of children who used the service, said they met regularly with staff to review the care plans. Evidence on people's care records showed the provider aimed to tailor support in a person centred way. For example, the one page profiles, described outcomes and information such as 'what is my support for'. People's likes and dislikes were listed and what involvement people wanted from their family.

There was an example in the daily records of one person we visited, where staff had responded positively to an identified change in need. Records had been updated and systems put in place to ensure the person was safe and the need met. This had a positive outcome for the person which their relative confirmed.

Due to the nature of the service, some people did not have recreation as part of their 'care package'. Where they did, staff supported people to participate in a wide variety of activities. People confirmed they attended day centres, activity clubs, swimming and going to the pub for example. One person said, "They [staff] take me to college." One relative of a child receiving a service, said staff helped with homework, reading and writing but were also happy to support the child to join in activities of their choice. People said they had choice. One person said, "I always get asked what I would like." Another person said, "I choose what I want to do."

The provider had implemented a new telephone system called 'rota phone' which allowed staff to view their scheduled visits on a hand held password protected device. This meant staff did not have to carry confidential paperwork with them as all the information they required was on line via the hand held device. We were told not all geographical areas had implemented this system and still relied on paperwork, but that this would be completed in the near future. The system allowed the provider to view the whereabouts of staff at any time during working hours. This meant lone working procedures were strengthened and staff were better protected because the provider could respond quickly should the need arise. We were shown how the system operated from the office base and could see it highlighted when staff had not turned up to a call. We saw office staff quickly responded to establish why a call had not been made and allocated further staff when necessary. This meant people were less likely not to receive their scheduled visit by care staff. We asked staff if any people had not received their scheduled visit and they confirmed a number had not. They were able to show us how this was closely monitored and the appropriate actions that had been taken to stop it happening again.

People said they knew how to complain and would if they felt they needed to. Copies of the providers complaints procedures where on records kept in people's homes and people confirmed they knew information was there and which numbers they would use. One person said they had complained about having different care staff and said the team leader had resolved the issue immediately and they had the same care staff now. Another person said, "I complained once about one of the staff and it was dealt with straight away." One relative said they had once requested a change of staff which was done immediately. One person said "I am always ringing the local office but they don't listen. I rang the head office but it went to voice mail which said they would ring back but they haven't (next day). We spoke with the registered manager about this comment with the permission of the person. They were fully aware of the concerns and explained in detail how they had worked with the person to resolve their issues. We were confident from procedures, talking to people and examining records, that the provider took any complaints or concerns very seriously and investigated appropriately to try and resolve any issues. The registered manager was keen for us to know that not only does the provider take complaints or concerns seriously but they used any issues

Good

Is the service responsive?

as learning points to help provide a better service for others. Minutes were available which documented where issues had been discussed with staff in a way to improve the overall service for others.

Many compliments had been received at the provider's office, including cards expressing the gratitude of people and their relatives after they had received good quality care and support. We discussed these with the registered manager who confirmed it would be useful to date the compliments to confirm when they had been received.

Good

Is the service well-led?

Our findings

There was a registered manager in post. She said she had worked her way up the ranks and had been involved in this type of work for many years. She said she was very committed to providing an excellent quality service to the people who she worked for.

Overall, people we spoke with thought the service was well led. We received mostly positive comments including; "I ring up from time to time, I get an immediate response. I think they are conscious of their image. They were without a team leader for a while but the new one is very good"; "The manager is very helpful and the supervisor rings regularly to see if everything is ok"; "The manager [team leader] knows him really really well and provides not just support but the right staff"; "Both managers went beyond the call of duty"; "I love Care UK. I have had involvement with them for 17 years and I recommend them to everyone. I tell anyone who will listen how happy I am with them. Head office often ring me just to check everything is okay." We also received a very small number in comparison of negative comments including, "Nobody ever asks me how things are going and I don't really know how to get them." We were able to confirm people had received either surveys to complete or quality calls to check on the service provided from records or from talking to staff, relatives or professionals.

People said they had received surveys from the provider, asking them their opinions on the service and how they felt it was working for them. One person said, "I receive papers to fill in quite regularly, they [provider] want to know what I think." Another person said, "Management [quality assurance manager] visit now and again to check everything is ok." Another person said, "The boss woman [team leader] comes every fortnight to check that I'm happy with the service I get. I think they are outstanding." We saw copies of quality reviews which had been completed by team leaders and then checked by the quality assurance manager. These reviews included questions asked of the 'service user', including; how they rated the service; how they rated their involvement in planning; how they rated staff and how they rated the conduct of staff. Although there had been no concerns raised, the quality assurance manager said any issues raised would be dealt with immediately.

The provider completed care record audits and home assessments to support them in monitoring the service and to ensure people were provided with care that met their needs. Details of care record audits showing the summary of findings and actions completed were available. Home assessment 'spot checks' were carried out by their line manager to confirm staff were supporting people correctly. These checks included monitoring of procedures, such as administration of medicine and how staff moved and handled people. Financial checks were completed regularly where staff supported people in this area of need. We also saw the provider completed staff personnel file audits to ensure information about staff was all present, for example driving licence checks and business insurance documentation. We noted where gaps had been identified, action had been taken.

The provider had a management team in place to oversee the operation of the service. This included a regional director, area manager, registered manager, quality assurance manager, coordinators and team leaders as well as recruitment and training personnel. Staff knew what their responsibilities were. One care staff member said, "Make sure people are happy with what I do; cared for properly to my best ability; and to let the office know about problems." Another staff member said, "I look after service users in a safe way for me and them. Be accurate and honest." Office staff were able to tell us how they managed their day and the responsibilities they had in relation to the smooth running of the day to day organisation. All of the staff we spoke with indicated they enjoyed working for the organisation. One said, "I like working here, it's a good company." Another staff member said, "Yes, they have been very good to me, they organised a sabbatical for me to go travelling."

Staff were awarded for providing exceptional care, support or dedication depending on the area or role in which they worked. Staff confirmed that 'local' certificates were given and flowers were presented. The awards were acknowledged by email to team leaders and discussed in staff meetings. The registered manager said, "It's a way of showing our appreciation for what they have done."

The registered manager and quality assurance manager ensured all notifications to the Care Quality Commission (CQC) were made.