

Mr Diwan Chand

# Belle Green Court Care Home

## Inspection report

Belle Green Lane  
Cudworth  
Barnsley  
South Yorkshire  
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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?

Good ●

# Summary of findings

## Overall summary

Belle Green Court is a care home that provides personal care and accommodation for 40 older people. The home occupies a central position in the village of Cudworth in Barnsley. It is a purpose built two storey building with an accessible garden area. There is a passenger lift. All bedrooms are single with en-suite facilities.

The inspection took place on 16 January 2017 and was unannounced which meant we did not notify anyone at the service that we would be attending.

Our last inspection at Belle Green Court took place on 29 February 2016. Following the inspection the service was rated as Requires Improvement. At that inspection we found breaches in three regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were breaches in; Regulation 12, Management of medicines, Regulation 14, Meeting people's nutritional and hydration needs and Regulation 18, Staffing, training and appraisal. Requirement notices were given for these breaches in regulation and the registered provider was told to make improvements. On this inspection we checked improvements the registered provider had made. We found sufficient improvements had been made to meet the requirements of the regulations.

There was a manager at the service who was registered with CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People we spoke with told us they felt safe living at Belle Green Court and spoke very positively about the staff.

We found systems were in place and had improved to make sure people received their medicines safely.

There were sufficient staff to meet people's needs safely and effectively.

Staff underwent an induction and shadowed experienced staff prior to commencing work, and had regular updates to their training to ensure they had the skills and knowledge to carry out their roles. The management of staff training records had improved so staff training could be better monitored. Staff received an annual appraisal and were well supported by the registered manager.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People had access to a range of health care professionals to help maintain their health.

A varied diet was provided to people which took into account dietary needs and preferences so their health was promoted and choices could be respected. People's fluid and diet intake was monitored by staff where a risk of dehydration or malnutrition had been identified.

Activities were provided both in and outside of the home which people said they enjoyed.

People living at the home, and their relatives said they could speak with staff if they had any worries or concerns and they would be listened to.

There were effective systems in place to monitor and improve the quality of the service provided. Regular checks and audits were undertaken to make sure full and safe procedures were adhered to.

Some people using the service and their relatives had been asked their opinion via questionnaires. The results of these had not been fully audited yet to identify any areas for improvement.

Staff told us they felt they had a very good team. Staff said the registered manager was approachable and communication was good within the service.

There were no formal meetings with the registered provider and people who used the service. The registered manager said the activities coordinator was planning to introduce these meetings. People and relatives said the registered manager had an 'open door' policy and was always available to talk to.

## 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.

People received care that was in line with their assessed risks and care plans.

There were sufficient numbers of staff available to keep people safe.

There were effective staff recruitment and selection procedures in place.

### Is the service effective?

Good 

The service was effective.

Staff were appropriately trained and supervised to provide care and support to people who used the service.

The home acted in line with the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) guidelines.

People were provided with access to relevant health professionals to support their health needs.

People had access to a good range of food and drink throughout the day.

### Is the service caring?

Good 

The service was caring.

People and relatives said staff were very caring in their approach.

The relationships we saw between people who used the service and staff were warm and friendly. The atmosphere in the home was calm and relaxed.

Staff respected people's privacy and dignity and knew people's preferences well.

### Is the service responsive?

Good 

The service was responsive.

People's care plans contained a range of information and had been reviewed to keep them up to date.

People were confident in reporting concerns to the registered manager and felt they would be listened to.

Activities were provided both in and outside of the home which people said they enjoyed.

### **Is the service well-led?**

The service was well-led.

Staff told us they felt they had a very good team. Staff said the registered manager was approachable and communication was good within the service.

People and relatives said the registered manager had an 'open door' policy and was always available to talk to.

Systems were in place to regularly assess and monitor the service provided.

**Good** ●

# Belle Green Court Care 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 16 January 2017 and was unannounced which meant no one at the service knew beforehand that we would be visiting. The inspection team consisted of two adult social care inspectors 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 by experience had experience in older people's care services.

Before our inspection, we reviewed the information we held about the home. This included correspondence we had received and notifications submitted by the service. A notification must be sent to the Care Quality Commission every time a significant incident has taken place, for example where a person who uses the service dies or experiences a serious injury.

The service was not asked to complete a provider information return (PIR) for this inspection because we had changed the inspection date. A PIR asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We contacted Barnsley local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The comments and feedback received was reviewed and used to assist with our inspection.

During our inspection we spoke with eight people living at the home and five of their relatives to obtain their views of the support provided. We spoke with nine members of staff, which included the registered manager,

three care staff, the activities coordinator, the registered provider and ancillary staff such as maintenance ,catering and domestic staff.

Throughout our inspection we spent time observing daily life in the communal areas of the home and how staff interacted with people and supported them.

We spent time looking at records, which included three people's care records, five staff records and other records relating to the management of the home, such as training records and quality assurance audits and reports.

# Is the service safe?

## Our findings

People we spoke with said they felt safe living at Belle Green Court. People said, "I have found it to be alright, it is a friendly place and I haven't felt any concerns or anxiousness at all, I am well looked after," "I feel safe because if I need help they (staff) are there to look after me," "I feel quite safe here, security seems OK, I am quite content," "I have no worries at all" and "I have no worries living here. There is always someone here to remind you if you forget things."

Relatives we spoke with all agreed the home was a safe place for their family member to live. Their comments included, "We are 100% happy with the care given. [Family member] bruises very easily but has none; therefore it shows that he has been handled carefully" and "The main thing for me is that I feel that she is safe and well looked after and she is."

During our observations we saw people were comfortable in the presence of the staff and when people showed they needed assistance this was provided.

All of the staff asked said they would be happy for a relative or friend to live at the home and felt they would be safe.

Records showed staff had received training in safeguarding vulnerable adults and whistleblowing. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust.

Safeguarding and whistleblowing policies and procedures were available for staff to refer to and on display in the general office at the home. Staff we spoke with were aware of their responsibilities in reporting any safeguarding concerns they had to the registered manager or senior member of staff at the home.

The registered manager explained small amounts of monies were looked after for some people. Each person had an individual record and their money was kept in a separate wallet in the safe. We checked the financial records and receipts for three people and found they detailed each transaction, the money deposited and money withdrawn by the person. We checked the records against the receipts held and found they corresponded.

We saw each person had individual risk assessments for such things as moving and handling and bed safety. All identified risks were assessed and ways to reduce the likelihood of the person being harmed were considered. Any actions agreed were recorded and reviewed regularly. We saw people were supported safely and in line with their risk assessments. We saw staff had the skills to support people safely for example when using hoists.

Most people we spoke with told us that they felt there was enough staff to care for their needs. Some people mentioned that staff worked very hard and when a member of staff was off sick, this reflected on the workload of others. People said they understood the demands on staff and accepted that at times, they had



to wait for assistance but this did not happen often.

People said, "You seem to get attention when you want it, for instance, I have just asked to be changed and got immediate attention," "I like to be independent but when I need staff to help me, they are always there," "No (there are not enough staff), they are sometimes run off their feet" and "I have never felt that there is a shortage of staff. In this home there is always someone around to see to you."

During the day, we saw at least one member of staff remained in the lounge area or in view of people in case they needed assistance. A relative said "There is always at least one staff member left in the lounge, even whilst staff are having their breaks."

On the day of the inspection there was the registered manager and four care staff. There was also an activities coordinator, domestic, catering and maintenance staff working at the home. Staff told us there were always between three and four care staff plus a senior member of care staff on duty during the day. We looked at the homes staffing rota for the two weeks prior to this visit which showed these identified numbers were maintained in order to provide appropriate staffing levels so people's needs could be met. Staff we spoke with said enough staff were provided to support people's needs.

We observed some care interactions in communal areas of the home. Staff knew the capabilities and needs of each person in order to keep them safe from harm. We heard a member of staff reminding a person that it may be dangerous for them to wheel themselves into the lounge after using the toilet and that they should use the call bell to alert staff that they wanted to be taken into the lounge.

We saw staff responded to people quickly when the person pressed the call alarm.

We looked at five staff files. Each contained two references, proof of identity and a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the home. All of the staff spoken with confirmed they had provided references, attended interview and had a DBS check completed prior to employment. This showed recruitment procedures in the home helped to keep people safe.

At the last inspection we found medicines were not always being managed in a safe way. This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent an action plan detailing how they were going to make improvements. We checked and found improvements had been made, sufficient to meet regulations.

We found there was a medicines policy in place for the safe storage, administration and disposal of medicines.

We checked four people's Medicine Administration Record (MAR) charts and found they had been fully completed. The medicines kept corresponded with the details on MAR charts. There were appropriate arrangements in place for the management of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse). They were stored in a controlled drugs cupboard, access to them was restricted and the keys held securely. We checked records and saw evidence of regular balance checks being carried out.

Training records showed staff that administered medicines had been provided with training to make sure they knew the safe procedures to follow. The registered manager also regularly checked staff competency in

administering medicines and staff told us these observations were regularly completed by the manager. The registered manager had also undertaken regular audits of people's MAR to look for gaps or errors.

The registered manager said the community pharmacist carried out three-monthly checks of medicines and records. We saw a community pharmacist's report dated September 2016 which did not highlight any recommendations to improve medicines management. The registered manager said the community pharmacist also visited the home in November 2016 but they had not received the report yet, although they were told no issues of concern had been raised following this visit.

Regular checks of the building were carried out to keep people safe and the home well maintained. Firefighting equipment and gas safety were all checked on a regular basis by qualified contractors. Information on the fire risk assessment provided information about what action should be taken in the event of emergencies to prioritise the safety of the people living at the service. The registered manager confirmed the risk assessment was updated May 2016.

Where accidents or incidents had occurred, detailed information had been recorded by staff and reviewed by the registered manager to ensure appropriate action had been taken.

We found policy and procedures were in place for infection control. Training records seen showed all staff were provided with training in infection control. We saw monthly infection control audits were undertaken which showed any issues were identified and acted upon. We found Belle Green Court was clean with no unpleasant malodours observed.

# Is the service effective?

## Our findings

People spoke positively about living at Belle Green Court and the support they received. People we spoke with said they felt well cared for by staff "who knew what they were doing."

Relatives we spoke with expressed no concerns regarding the support provided and said they were always kept up to date with information regarding their family member.

At the last inspection we found some people's nutritional and hydration needs were not being adequately monitored or met to sustain good health. Our findings meant there was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. Meeting nutritional and hydration needs. The provider sent an action plan detailing how they were going to make improvements. We checked and found improvements had been made, sufficient to meet regulations.

The people we spoke with told us that they enjoyed the meals at Belle Green Court. People said, "I like the food here; I know that they will always find me something to eat," "The meals are fine and you can ask for more if you want," "Sometimes the meals are excellent but sometimes they are not so good, I have never been hungry" and "Staff know my likes and dislikes and also the portion size I like. They used to give me big portions but I told them I only like small portions that encourage me to eat."

We observed lunch being served in the dining room. The room was spacious and was pleasantly decorated; tables were set with matching tablecloths. People seemed to have a preferred seat, sitting with people they knew.

Most people ate independently and we saw staff had provided one person with a plate guard to aid them eat their meal. One person was assisted to eat their meal and the care staff sat next to them, explained what the meal was and chatted to them. We heard staff ask people if they would like assistance with cutting up their food. We saw staff served each person their meal but did not ask if they wanted condiments or extra gravy.

We saw the daily menu was handwritten on a white board displayed next to the kitchen. The menu was not clear and could be confusing for some people as the layout and writing were difficult to understand. For instance under 'breakfast' it said porridge or cereals and sausage. This turned out to be a sausage sandwich. Under lunch was written "meat and potato" but in fact was a homemade meat and potato pie. A more clearly written or pictorial menu would be beneficial for some people.

We saw staff offered people a choice of drinks with their meal and throughout the day and staff were monitoring and recording peoples' fluid and food intake where it had been identified that the person was at risk of dehydration or malnutrition.

People told us that they had choices and could make decisions about their care. One person said "Staff don't force you to do anything, you are always asked."

We heard care staff ask a person if they wanted to stay in their wheelchair for the morning activity session. The person told the care staff they wanted to be moved into a more comfortable armchair. The care staff said this was not a problem and that they would get the hoist to move them. One person told us they had explained to staff that they felt staff were getting them up too early. The person said they felt they had been listened to and was now happy with the time staff came in to assist them in the morning.

We continually heard staff asking people how they wanted to spend time and offer choices.

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.

The registered manager was aware of the role of Independent Mental Capacity Advocates (IMCAs) and how they could be contacted and the recent changes in DoLS legislation. Staff we spoke with understood the principles of the MCA and DoLS. Staff also confirmed they had been provided with training in MCA and DoLS. This meant staff had relevant knowledge of procedures to follow in line with legislation.

We found there were people being deprived of their liberty and that the assessments and decisions were in place and had been properly taken and authorised. Staff we spoke with confirmed that the authorisations in place were being complied with. In this way the DoLS legislation is being utilised as it was intended to protect people's rights.

At the last inspection we found some staff employed had not received appropriate training or been provided with an annual appraisal of their performance in line with the providers own policy and procedures. Our findings meant there was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Staffing. The provider sent an action plan detailing how they were going to make improvements. We checked and found improvements had been made, sufficient to meet regulations.

We saw a policy on staff supervision and appraisal was in place for guidance and information. Records we saw showed regular, planned supervision and an annual appraisal was provided to staff. Staff spoken with confirmed this.

Staff said the registered manager was approachable and supportive. Staff said they were able to talk with the registered manager or senior staff if they had any concerns or felt they needed support.

Staff told us they were provided with a range of training which included infection control, safeguarding vulnerable adults, food hygiene, fire prevention, health and safety, palliative care and hand hygiene. We saw a training record was in place so training updates could be delivered to maintain staff skills. Systems had been introduced and improved to identify when staff needed training updates so these could be planned.

Induction training was provided to staff so they had the skills and knowledge for their role. New staff spent time shadowing more experienced staff to help them understand their role.

We saw in people's care records they received assistance to access health appointments and staff sometimes attended appointments with people to provide support during the visit. One person was being supported to see a health professional on the day of inspection. Care plans contained information about people's health so that staff could provide appropriate support.

Some redecoration had recently taken place, this had improved the environment for people. We did see the first floor corridor carpet looked worn and was 'rippled' in parts. Whilst this rippling did not appear to cause a tripping hazard at the time of our inspection, if left, could soon become one. The first floor dining room carpet was marked and stained in several places. The registered provider was visiting the home at the time of our inspection and we drew their attention to these carpets. They said they would look into replacing them.

## Is the service caring?

### Our findings

People told us they liked living at Belle Green Court. People told us they were treated with kindness and they felt their dignity and privacy were respected. People said, "Staff really care for me, they give me hugs," "All of the carers are lovely; they look after you and are very friendly," "They (staff) are friendly, they know you and know your name and how you like to be cared for," "I have only been here a week, but they (staff) seem to know me already. All of the girls (staff) are good," "The staff are good to me, they wash and change me when I have an accident," "The staff are lovely "and "I feel comfortable with staff helping me because you know them all."

Comments from relatives were all positive and included, "[Family member] is always clean and fully shaven which is important to him and us."

During our inspection we spent time observing interactions between staff and people living at the home and their relatives. Throughout the visit, we saw that staff were friendly, caring and considerate with everyone. The atmosphere was homely and comfortable and everyone we spoke with told us how happy they were living at Belle Green Court.

The relatives we spoke with all told us that they were made to feel welcome at any time. One relative said "We are always made to feel welcome, I come whenever I can."

Some people receiving support or their relatives we spoke with were unclear about their roles in reviewing their family members care plan. We did see some relative involvement recorded in the three care plans we reviewed. One relative said, "[Family member] and ourselves were fully involved with the staff of the home when reviewing the needs of [family member]."

The care plans seen contained information about the person's preferred name and how people would like their care and support to be delivered. This showed important information was available so staff could act on this.

All assistance with personal care was provided in the privacy of people's own rooms. We saw staff supporting people to their rooms so health professionals could see them in private. We heard staff speaking to people and explaining their actions so people felt included and considered.

We saw people's privacy and dignity was promoted so people felt respected. We did not see or hear staff discussing any personal information openly or compromising privacy. Staff were able to describe how they treated people with dignity.

Staff told us that the registered provider, registered manager and staff would strongly wish to support any person who wished to die in the home. We saw records of staff training in end of life care so they had the skills and knowledge to meet people's needs. One staff said they had received recent training in supporting people at the end of life. They described this training as "Brilliant."

# Is the service responsive?

## Our findings

People living at Belle Green Court said staff responded to their needs and knew them well. They told us they chose where and how to spend their time, where to see their visitors and how they wanted their care and support to be provided.

Throughout the inspection we heard staff constantly ask people about their preferences and choices in their daily living activities.

People told us that they have some choice in their daily routines i.e., for those that are independent, they chose to get up in a morning and go to bed when they wished. People said they chose their own clothes and attended to their some of their own personal care needs.

People, who required assistance, told us they were happy with the care they received.

Relatives told us they were always kept involved in people's care and support and were happy with the care their relative received.

Relatives said, "[Family member] is non-verbal so staff are always talking to [name] and watching their facial reactions to see how [name] feels" and "On admittance, staff went to every effort in making sure [name of person using the service] got the correct wheelchair for their size. They also make sure that [name] sits in one of the large arm chairs so that [family member] is comfortable."

People and relatives we spoke with said that they had never had the need to raise a concern or complaint but that they would feel comfortable in speaking to the registered manager if needed and had every confidence that they would be listened to and their concerns would be dealt with in a professional manner. Comments included, "No one has asked me if I like it here but I would tell them if I had a complaint," "I know that I have to tell [registered manager] if I am not happy with anything. She would sort things out quickly," "I know this home is well run because you can see that the staff respect the manager and make sure that everything is right" and "We can talk to the manager if we have any worries ,she will sort them."

There was a clear complaints procedure in place. The complaints policy/procedure was displayed in the entrance hall and in the Service User Guide. The complaints procedure gave details of who people could speak with if they had any concerns and what to do if they were unhappy with the response. We saw people were provided with information on how to complain in the 'service user guide' provided to them when they moved into Belle Green Court. This showed people were provided with important information to promote their rights and choices. We saw a system was in place to respond to complaints. A complaints record was available to record action taken in in response to a complaint and the outcome of the complaint. There were no complaints about the home at the time of this inspection. A range of recent compliment cards were on display in the corridor area of the home.

Stakeholders we contacted prior to the inspection told us they had no particular concerns about Belle Green

Court.

People told us, and records maintained by the activity coordinator showed that a range of activities were provided. These included activities such as group games, and crafts. In addition, some entertainers visited the home and some events were planned for people to enjoy, some people said they had recently attended a pantomime at a local theatre which they had enjoyed. All of the people spoken with said they were happy with the activities provided and they were free to choose to join in or not, depending on their preference. Relatives said, "The activities are really good. They helped [family member] to settle into the home and get to know other people."

On the day of our inspection we observed two activity sessions taking place. We saw that most people in the lounge, who were able to, joined in with the activity sessions and seemed to enjoy them.

We spoke with the activities coordinator of Belle Green Court. The activity coordinator was employed five days a week. The Activities co-ordinator told us they organised a variety of activities such as Sing-alongs and Friday morning discussions around headline news stories in the local paper, which kept people connected with local events and news.

People's care records included an individual support plan. The plans seen contained details of people's identified needs and the actions required of staff to meet these needs. The plans contained information on people's life history, preferences and interests so these could be supported. Health care contacts had been recorded in the plans and plans showed people had regular contact with relevant health care professionals. This showed people's support needs had been identified, along with the actions required of staff to meet identified needs. We found support plans held evidence they had been reviewed to keep them up to date.

Staff spoken with said people's care plans contained enough information for them to support people in the way they needed. Staff spoken with had a good knowledge of people's individual needs and could clearly describe the history and preferences of the people they supported.



# Is the service well-led?

## Our findings

We checked the service demonstrated good management and leadership, and delivered high quality care, by promoting a positive culture that was person-centred, open, inclusive and empowering.

The service had a manager who was registered with CQC.

We observed there was clear leadership present in the home, as the registered manager was available throughout the day to people who lived at the home and the staff team. The registered manager operated an open door policy and spent as much time as possible in the home with the people who lived there.

The registered manager was 'working' as the senior care assistant to cover staff absence on the day of our inspection.

People and relatives were very positive about Belle Green Court and how it was managed. One relative said, "As a family we are highly satisfied with the care and have no issues whatsoever."

Staff we spoke with were very positive about their work at the home. Comments included, "I love it here. I miss the residents when I'm not at work," "The manager is approachable and supportive," "We work well as a team. It is a very rewarding job" and "We treat residents as though they are own family. That's the way it should be."

Staff told us they felt they had a very good team. Staff said the registered manager and registered provider were approachable and communication was generally good within the service.

Staff spoken with said staff meetings took place so important information could be shared. Staff said, "We have staff meetings about every three months. They are alright I say what I need to."

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. We found a quality assurance policy was in place and saw audits were undertaken as part of the quality assurance process. We saw checks and audits had been made by the registered manager and maintenance staff at the home. These included care plan, medication, health and safety and infection control audits.

We found that surveys had been recently sent to people living at the home and their relatives. We saw results of the 2016 survey which were positive. The registered manager said they would develop an action plan to identify plans to improve the service, where needed, and share the results of the surveys with people, relatives, health professionals and staff.

There were no formal meetings with the registered provider and people who used the service. The registered

manager said the activities coordinator was planning to introduce and lead these meetings over the next couple of months. People and relatives said the manager had an 'open door' and was always available to talk to and address any issues of concern they raised.

The registered provider carried out regular visits to the home to speak with staff, people and the registered manager. We were able to speak with the registered provider on the day of inspection as our unannounced inspection coincided with a day they were also visiting.

The home had policies and procedures in place which covered all aspects of the service. Most of the policies seen had been reviewed and were up to date. Some policies had not been reviewed in the last year which meant they could be out of date. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training and induction programme.

The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The registered manager confirmed any notifications required to be forwarded to CQC had been submitted and evidence gathered prior to the inspection confirmed this.