Carewatch Care Services Limited

Carewatch (Crewe)

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

The inspection took place on the 16, 17 and 18 May 2017 and was announced.

Carewatch (Crewe) provides personal care and support services to people in their own homes. The agency is registered to provide services to older people, older people with dementia and adults who may have learning or physical disabilities, mental health problems or sensory impairment. Their offices are based in Crewe.

At the time of our inspection, the service was supporting nine people in four 'supported living' properties. Supported living describes the arrangement whereby people are supported to live independently with their own tenancies. In addition to supported living, the service also provides personal care to people in their own homes. There were 59 people in receipt of personal care. This was our first inspection since the location had registered with us.

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

We found that overall people were positive about the service they received. Some people were very complimentary and told us that they felt safe and well supported. We found that staff understood their responsibilities to report safeguarding concerns and to protect people from abuse or harm. Staff had received appropriate training and knew how to report concerns appropriately.

We found some shortfalls in the safe administration of medicines because systems in place to record medication administration were not always followed. We saw that the registered manager had already identified some of these issues and was taking action to make improvements. We received confirmation following the inspection that staff had subsequently completed medication training.

There were sufficient staff to meet the needs of people receiving a service. The service had recruited new staff. People told us that staff usually arrived on time and calls were not missed. The service had a call monitoring system to support the monitoring of calls. However some people reported issues with the

consistency of staff and the registered manager was taking steps to address people's concerns about this.

We found that staff were appropriately skilled and trained to meet people's needs effectively. We found that staff completed an induction prior to starting work in the service. Staff received regular and on-going training. However the service needed to ensure that all staff had the appropriate knowledge to enable them to meet individual needs.

People told us that staff were caring. We found that people and their relatives were happy with the support they received and told us that staff treated them with dignity and respect. Staff demonstrated a good understanding of the importance of treating people with dignity. However we received some comments which indicated that new staff were not always introduced to people before providing personal care.

Care support plans and risk assessments were in place. However we found in some cases that risk assessments needed to be more tailored to peoples' individual needs. Care support plans provided detailed information and were regularly reviewed and updated. They included information about people's preferences and choices. People were supported to maintain as much independence as possible. The service was flexible and responsive.

People had access to the complaints procedure and told us that they knew how to make a complaint should they need to. We found that the management team had contact with people and dealt with any issues and concerns as they arose.

The management team were friendly and approachable. We found that information was organised and readily available. There were systems in place to monitor the support provided and people's views and opinions were sought regularly about the quality of the service. Staff told us that they felt well supported by the management team. Actions had been taken to make improvements to the organisation and quality of the service. There were plans in place to develop and improve the service further.

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.

Improvements were required regarding the safe administration of medicines. The registered manager had started to take action to address this.

Staff understood their responsibilities to safeguard adults from abuse and harm and staff had received appropriate training.

There were sufficient staff to meet the needs of people within the service, however some people found that they did not always receive consistent staff.

Risk assessment were undertaken but needed to be more specific in some circumstances.

Is the service effective?

Good

The service was effective.

Staff were skilled and trained, they received an induction and regular training updates. However the service needed to ensure that staff always received training regarding people's specific support needs.

Staff received training with regards to the MCA and staff sought consent from people to provide care.

People had access to health and social care professionals when required.

Is the service caring?

Good

The service was caring.

People were very positive about the support they received and told us that care staff were kind and caring.

People were supported to be involved in decisions about their care and treatment.

We found that people were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive.

Staff generally knew people well and had a good understanding of their needs.

Assessments were carried out prior to the start of the service, to ensure that people's needs could be met. Care support plans contained information on how to respond to people's needs

People were aware of how to complain and said they felt able to raise issues with the management team.

Is the service well-led?

Good

The service was well led.

Staff told us that the service was well-led and they felt supported in their roles.

The management team were focused on improving the quality of the service.

We found that the service had systems in place to monitor the quality of the care.

Carewatch (Crewe)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider was 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 over three days on 16, 17 and 18 May 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to ensure that staff were available in the office, as well as giving notice to people who received a service that we would like to visit them. On the 18 May we spent time visiting people who used the service in their homes.

The inspection was undertaken by one adult social care inspector 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.

Before the inspection we checked the information that we held about the service. We looked at any notifications received and reviewed any information that had been received from the public. A notification is information about important events, which the provider is required to tell us about by law. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also contacted the local authority contracts quality assurance team to seek their views and we used this information to help us plan our inspection.

We used a number of different methods to help us understand the experience of people who used the service. During the inspection we visited three people at home and met with three people at the provider's office. The expert- by- experience spoke with people over the telephone to seek their views about the service, including 19 people and four relatives.

We looked at a number of records during the inspection and reviewed five care plans of people supported by the service. Other records reviewed included staff training records and records relating to the management of the service such as policies and procedures, rotas, complaints information and meeting minutes. We also inspected three staff recruitment files. During the inspection we spoke with a number of staff including, the registered manager, the learning disability manager, two care coordinators, the regional trainer and five carers.

Requires Improvement

Our findings

People and their relatives told us that safe care was provided by the service. Comments included "My regular girls are lovely, they are very careful with me and always check whether I'm okay before and during moving me" and "I'm really happy with the care they provide, I've never had any problems and they've made a huge difference to my life."

We reviewed the safe administration of medicines and found some short falls. Staff told us they received training on medicine administration and we saw competencies in place to ensure staff were able to administer medicines safely. Support plans included information about the support that people required with their medication as well as a list of all the medicines people were taking. Where care staff supported people to take their prescribed medication, written Medication Administration Records (MARs) were used.

We noted that although the service had a medication policy and systems were in place to ensure medicines administered were recorded, these were not always followed. For example, we saw that information on some MARs had not been fully completed. One person had assistance with eye drops but the dose or route was not recorded on the MARs, other details such as the people's GP details were omitted in some cases. We also saw on two of the MARs reviewed that they did not include all the details of all the medicines staff administered to them. One person had cream applied to their skin and another had one medication which was not contained within their blister pack. Whilst there was information contained within people's care plans, we could not see a record on the MARs that all of these had been administered. People we spoke with confirmed that staff supported them with these medications.

During the inspection we found in one case that staff had signed the MARs to indicate that medication had been administered but it had not actually been taken. Whilst the person's support plan noted that the person had capacity to make their own decisions about medication and staff acted on their instructions, we noted that staff needed to ensure that they recorded the correct information on the MARs.

We were advised that samples of MARs were audited on a monthly basis. The registered manager told us that she had already identified a number of the above issues regarding the correct recording of medication administration. We reviewed the last three months audits and noted that any errors identified were discussed with the staff concerned as part of their supervision process. We saw that the management team had identified that the service's policy had not been fully followed around the recording of one person's medication which changed on a daily basis. Whilst it had been administered correctly they had identified that the recording needed to improve. We saw that improvements had been made from a review of the

subsequent MARs completed in April 17. The registered manager assured us that she would continue to address these issues and confirmed following the inspection that medication refresher training had been undertaken with all staff.

During the inspection we found there was enough staff available to meet the needs of people who used the service. There had been a recent focus on the recruitment of new staff. The majority of people told us that staff arrived to support them as expected and they had enough time to meet their support needs. However, people's experience of the consistency of staff varied and we received some comments that occasionally staff did not arrive on time. One person told us "Sometimes I get a rota sometimes I don't, it's a bit hit and miss and even if you get one it's not always adhered to with times and staff that you think are coming."

We reviewed staff rotas and spoke with staff who told us that in the main they provided regular support to people but could be asked to cover new or other calls. They told us that there were sufficient staff and the rotas were becoming more organised.The registered manager explained that since coming into post she had focused on the re-scheduling of calls to ensure that staff worked in geographical areas to make travelling time more efficient and improve continuity of staff. The provider used a call monitoring system to monitor for any missed calls, as well as the time and length of calls undertaken. We saw that compliance with the rostered calls had increased significantly over the past few months. One staff member commented, "We have no issues with late calls now, compared to previously, now and again we have a hiccup."

We looked at the staff files for three members of staff to check that effective recruitment procedures had been completed. We found that the appropriate checks had been made to ensure that they 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 .However, we noted in two files that the recorded start date of employment was prior to the DBS check being completed. We discussed this with the registered managed who advised us that the start date recorded actually referred to the induction training days and that staff did not go out into the community until these checks were complete. During the inspection she devised a form to ensure that this information was recorded more accurately. We also heard the regional trainer informing staff that they could not commence shadowing until their DBS check was complete Each file held suitable proof of identity, an application form as well as notes from the interview and evidence of references.

All staff spoken with had a good understanding of safeguarding, the signs of abuse and how to report it. Staff had received training and were able to provide examples of previous situations where it had been necessary to raise safeguarding concerns. They said they were confident that any concerns raised would be dealt with appropriately. We saw that the provider had copies of the relevant local authorities' policy and procedures on safeguarding adults from abuse. The registered provider also had their own adults safeguarding and whistleblowing policies. We saw from the records that there were discussed with staff during supervision meetings to ensure they understood the policies. Staff told us that safeguarding and whistleblowing information was also included in the staff handbook.

The registered manager maintained a safeguarding file and where necessary referrals had been made to the local authority to report concerns. However, we saw one incident which potentially should have been reported to the local authority and had not been. The registered manager had dealt with the concerns under the provider's own procedures and explained that this had been an oversight. We saw that other concerns had been reported appropriately.

There were systems in place to record and monitor incidents and accidents. We saw that these were monitored by the registered manager. Where concerns were identified the management referred to

appropriate professionals for further assessment or support. People had risk assessments in place, which provided guidance to ensure they were supported in a safe way.

Records demonstrated that a risk assessment document was completed which included a number of areas such as, the environment, manual handling, fire, health conditions, medication and falls. We saw that these had been reviewed and updated to meet people's changing needs. However, whilst these covered several areas of risk we noted that two of the assessments did not include sufficient information about specific individual needs and actions taken to reduce the risk. For example we saw that one person's environment may create an increased risk of fire but that this had not been fully recorded. We discussed this with the registered manager who told us that actions had been taken to reduce this risk but acknowledged that this needed to be recorded more clearly. We saw that the documentation did provide the opportunity to record "other" risks identified and suggested that the service made more effective use of this. Within the learning disability service we saw that individual risks were assessed and management plans were in place. For example with regards to the risk of self-neglect and self-injury. We saw a good example which outlined the triggers and management strategies to support a person in certain situations.

The service had a business continuity plan describing what staff should do in the case of an emergency and plans were in place if people needed to be relocated. This also contained the details of all the relevant contacts.

People told us that staff usually wore disposable aprons and gloves; this was to help protect individuals from the risk of infection. However we received some feedback to suggest that staff did not always have access to these gloves. We discussed this with the registered manager who demonstrated that this equipment was available and assured us that she would remind staff to collect sufficient supplies.

Good

Our findings

People and their relatives told us that they found the service to be effective. Comments included "99% of the time they are brilliant"; "I've never ever had any cause for concern, they're well trained and able to cope with what I need" and "It's been very good, I'm highly satisfied they seem to be very well trained and know what they're doing."

Staff told us that they received the training and support they needed to carry out their role. The provider employed a regional trainer who undertook training with staff, the majority of which was classroom based. Staff told us that they thought the training was thorough. Comments included "Training is more in depth than anything I have done before" and "I've just done training, we have a workbook. The training covers everything." Records showed us that staff undertook a range of training which was refreshed on an annual basis. Training considered mandatory by the provider included, medication, safeguarding, health and safety, dementia awareness and first aid, amongst other topics. A range of other training was also available to meet the specific needs of people such as awareness of epilepsy and autism.

All staff were required to complete induction training before starting work at the service and staff spoken with confirmed that they had undertaken this training. Staff undertook classroom based training for five days, followed by shadowing experienced members of staff. During the inspection we spoke with the regional trainer and saw a number of staff undertaking their induction. The induction was linked to the standards within The Care Certificate. The Care Certificate is a recognised set of standards that health and social care workers must adhere to in their daily work. The trainer told staff they were able to shadow for as long as necessary to enable them to be confident and competent.

People spoken with told us that carers were usually knowledgeable and well trained. However we did receive two comments that on occasions when people were supported by unfamiliar staff they were less knowledgeable about their about their needs. For example one person required support with a specific health procedure. Whilst they advised us that their regular staff were well trained they found that new staff were now always familiar which their specific requirements. We raised this with the registered manager who told us that whilst all staff were fully trained, there may be occasions when further training or shadowing is required around certain individual's specific needs and agreed to address this further.

We saw from the records and by discussions with staff that one to one supervision meetings and annual appraisals were carried out on a regular basis. A system was in place which identified when supervisions

were due. The registered manager told us that since coming into post she had focused on the quality of the care being provided. We saw that "field observations" were undertaken by senior staff within the community and staff confirmed that they were occasionally observed in practice. Staff were also invited and encouraged to attend staff meetings and staff had access to an employee's handbook. We found that staff had access to a range of support to assist them in their role.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People confirmed that staff sought their consent before carrying out any personal care tasks. One member of staff told us "We always ask first and give people options." An initial assessment was carried out prior to staff delivering any care and at this assessment people's wishes were discussed and their consent to the care gained. We found that people had signed their care plans to indicate that they had consented to the care provision, where appropriate.

We saw that staff had received training in the MCA and had an understanding of the principles of the MCA. They knew about the importance of enabling people to make decisions where possible. Records demonstrated that where there were potential concerns about a person's capacity to make a decision, an appropriate assessment had been undertaken and best interest decision recorded where necessary.

People we spoke with had different levels of need for support with meal preparation and cooking. People said they were supported according to their individual needs. One person said "The carers leave me drinks and ask what I would like to eat." Staff we spoke with knew what level of support each person needed and told us they offered a choice of meals where possible. Where necessary we saw that specialist assessments had been undertaken to support people with their nutritional needs. One person had a clear risk assessment in place and care plans which followed the recommendations of a speech and language therapist.

Staff supported people to maintain their health and well-being. We saw that where people's health needs changed the service contacted health professionals and informed relatives appropriately. We saw for example that one carer had received a recognition award from the organisation for correctly identifying two separate health concerns. This had enabled the people concerned to seek appropriate medical support. Records demonstrated that the provider had referred to health professionals such as GPs, districts nurses and occupational therapists where necessary. Within the learning disability part of the service, each person had a personalised health action plan which staff supported people to follow. This set out their specific health needs and provided guidance for staff about how to monitor and improve people's health.

Good

Our findings

We found that the service was caring. We asked people whether staff treated them in a caring manner and they told us, "The staff are lovely, excellent girls. They stay the right amount of time, if they finish doing things before their time is up they sit and chat to me - they don't rush out the door. They're more like friends to me" and "I've got some damn good carers." A relative commented "They always have time for me as well, even though they're not here to see me and that's so nice. They're thoughtful and friendly."

People and their relatives were mainly positive about the support they received. They told us that regular carers were very caring and said they had "No complaints." One person gave us an example of staff visiting them in hospital, which they found to be very caring. We saw that staff had developed positive and caring relationships with people and their relative's. One relative told us how staff laughed and joked with their relative. We observed that where staff supported people within the learning disability service they were relaxed and comfortable in their company.

People told us they preferred the continuity of regular staff and in the main found that they were able to build up a rapport and staff had become familiar with their routine and what needed doing. However, we received some comments that new staff were not always introduced before providing support. A number of people accepted that this would happen but for others they felt uncomfortable having people they didn't know arriving to deliver personal care. We brought this to the attention of the registered manager who told us that recent work had been undertaken to re-schedule care visits to improve the continuity of staff to people. Where new staff were required to support a person, staff said they were given information about the person's care needs through contact with the office staff and by reading their care plans, but that they didn't always get the opportunity to meet people beforehand. The registered manager told us that she would address this further and ensure that where possible people were initially introduced to new staff.

Within the learning disability service there was good continuity of staff, and staff were very knowledgeable about people's needs. Staff told us how one person had become very settled and previous issues around the person's behaviours had reduced significantly. They believed this to be a result of consistent staff and support.The registered manager had developed an "above and beyond" folder which provided some good examples of caring support. For example a Christmas party was organised annually for people and we saw that staff had supported a person to visit their relative when they were unwell.

We saw that the service had received a number of compliments from people who had used the service. A family member had been very complimentary about the service and one comment advised that the "Carers

were fantastic."

We found that people were involved in deciding how their care and support was provided. Details about supporting people to be part of decision making were included in people's support plans. People told us they felt involved in making decisions and were given choices about their care. For example someone told us that staff respected their choice whether to stay in bed or sit out in the chair. Staff had supported people within the learning disability service to express their views through one to one meetings. We saw that people were given information about the service through a customer guide which was available to people in their homes. Where necessary people were provided with information in a suitable format to assist them to understand.

Staff told us they encouraged people to remain as independent as possible and to have a lifestyle of their own choice. The learning disabilities manager explained how staff encouraged independence and described how one person was now able to shower and wash their hair independently following their support. People were also supported to maintain important contacts through visits and correspondence.

People's dignity and privacy was respected and promoted by the service. People told us that staff treated them with dignity and respect. One person said "The girls are very good, they chat to me as they're helping me. They knock before they come in case I'm on the phone and always ask if I want the curtains drawn when they are washing me." Staff spoken with were aware of importance of promoting people's dignity and were able to provide examples of the way that they promoted people's dignity. One staff member commented, "Everyone's entitled to privacy." We saw that issues around dignity and respect were promoted and discussed within staff meetings and staff observations checked that people were treated in a dignified manner.

Good

Our findings

People told us that they found the service to be responsive. Comments included "The girls are very good indeed. Any little jobs that need doing they'll do for me and the manager calls sometimes just to check that everything is okay" and "I have a regular carer who never seems to be off sick. Occasionally I get someone else if she has a day off but they all seem pretty good - brilliant in fact. They always have time for me and being by myself all day that makes such a difference."

We found that people received care that was personalised to their needs. The majority of people spoken with felt that the staff knew them well and knew how to support them. Staff had good knowledge and awareness of the people that they provided care for on a regular basis. Where possible the service was flexible and aimed to respond to people's changing needs. For example one person told us they occasionally required an unplanned additional call due to their health needs. They said that the service would always do their best to provide these extra calls.

Assessments were carried out before people received a service. One of the management team would arrange an initial meeting with the person and their relative, where appropriate, to discuss the support that they required. People who we spoke with told us that they had been involved in the development of their care plans. One person commented, "(Name) came and spoke to me about my needs and what I wanted." We inspected five care support plans and found they were individualised and centred around people's needs. The support plans covered a number of areas and identified the outcomes that people wanted from their support. Information about people's communication needs was included so that staff had up to date guidance on how people wished to communicate and express themselves.

We saw that risk assessments were undertaken which covered the environment, infection control, fire safety, mobility, falls and safe eating and drinking, amongst other areas. Records also included information about people's history, individual preferences, likes and dislikes, this meant that staff had appropriate information to support people effectively. For example we saw it was important for someone to maintain contact with a family member and another example where someone liked to choose their own clothes. We found that people's preferences were respected. One person told us that they were supported by a male carer with meals but did not want a male carer for personal care and this was respected by the management. Records reviewed indicated that support plans were reviewed on a regular basis and people had signed their agreement to the plans where possible.

The service promoted inclusion and supported people to take part in activities that reflected their interests.

Within the learning disability service we saw that people were supported to undertake activities and these were developed to meet people's individual preferences and needs. Staff confirmed that where people needed assistance to access the activities this was supported. Examples included attending day care, horse riding, trips out and holidays. One person had been supported to increase their level of independence and actions were in place to support the person to go out alone.

People and family members told us they knew how to raise a concern with the service. All the people spoken with within the learning disability service told us that they could speak to staff about any concerns they may have. One person told us "I had trouble with carers coming just any old time so I complained to the office and it's been sorted. They're much more regular now." We received further comments which suggested that where concerns had been raised, this had resulted in the management making the necessary changes. Regular reviews and telephone reviews were undertaken to enable people to provide feedback about the service. The provider had a complaints procedure which was seen in people's care files. It contained details of how to raise a complaint and appropriate contact details. We saw that the registered manager maintained a record of any complaints received and addressed them in accordance with their policy.

Good

Our findings

We found that the service was well-led. People knew who the registered manager was and said that the management team were responsive. Comments included, "I've never had to complain and I've had very good service from Carewatch. I have the manager's name so I know who to contact if I needed to, but I think they're doing a good job" and "I've never had to complain. I've always had good service and from my point of view there's no improvement needed."

We saw that suitable management systems were in place to ensure that the service was well led. There was a registered manager in post who had been registered with the Care Quality Commission (CQC) since March 2017. We found that the management team were professional and well organised. The registered manager told us that since coming into post she had focused on improving the quality of the service and we could see that there was an emphasis on continuous improvement. The service had developed a quality improvement plan. As part of the inspection, all the folders and documentation requested were produced quickly and contained the information that we expected. This meant that the provider was keeping and storing records effectively.

The registered manager explained that since the end of 2016 changes had been made to office personnel and a number of areas of the service had been reviewed. Action had been taken to review all staff recruitment files, recruit new care staff and ensure that staff supervisions, observations and meetings were routinely undertaken. Quality officers were employed and were responsible for undertaking reviews and observations of staff, including manual handling and medication competencies. The registered manager told us that she planned to recruit another quality officer to help to focus further on the supervision and support of staff.

Staff told us that the service was well-led. They advised us that the registered manager and management team were very supportive. Staff felt able to approach the registered manager with any concerns. Comments included "I think she's a really good manager, she's knowledgeable" and "(Name) is very supportive and has a lot of experience." Staff informed us that they worked well as a team and that there was always a member of the management team on call and available in emergencies.

Staff members we spoke with had a good understanding of their roles and responsibilities and were positive and motivated. They told us they had found an improvement in the way the service was being managed and were positive about the quality of care being provided. For example they felt that communication had improved. Regular staff meetings were held and we saw from the minutes of these meetings that the

registered manager had clearly set out her expectations of staff and included discussions around the quality of the care provision. The registered provider had a set of policies and procedures for the service which were reviewed and updated as required. All staff were provided with access to the employee handbook when they started working at the service. The handbook contained details about key policies and procedures in order to assist staff to follow best practice in their role.

We found that the registered provider used a variety of methods in order to assess the quality of the service they were providing to people. There was a quality assurance system in place to regularly check a number of Key Performance Indicators (KPIs). KPI's are objectives that the service measures to check how effective they are. We saw that numerous areas were reviewed on a regular basis, including staff training, reviews of people's support plans, supervision and observation of staff and other staff records. There was a quality assurance team who also monitored complaints, safeguarding referrals and missed visits, amongst other areas. The registered manager told us that audits were undertaken by the management team and we saw these included MARs, support plans and financial transactions.

The registered provider encouraged people who used the service and their relatives to feedback their experience of the service. Service user satisfaction surveys were sent out on a quarterly basis. The latest survey had been undertaken in February 2017 and asked whether people felt safe and were treated with dignity, amongst other questions. All responses indicated that people were treated with dignity and respect. A few responses stated that people did not always know which carers would be visiting. An action plan had been implemented in response to these comments and the registered manager arranged for weekly rotas to be sent out to provide people with this information.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC) of important events that happen in the service. CQC check that appropriate action had been taken. We saw that notifications had usually been submitted but that one notification had not been submitted with regards to a safeguarding referral raised by the local authority. The registered manager acknowledged that this had been an oversight. During the inspection the registered manager assured us that the appropriate guidance would be fully implemented regarding statutory notifications.