Diva Care Limited

Hyperion House

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection was completed on 20 and 21 March 2108 and was unannounced.

Hyperion House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Hyperion House accommodates 45 people in one adapted building. There were 21 people at Hyperion House at the time of the inspection.

There was no registered manager in post at the service as the previous registered manager had left their 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 of the Health and Social Care Act 2008 and associated Regulations about how the service is run. A new manager had started working at the service and had started the process of registering with the Care Quality Commission.

The previous comprehensive inspection was completed in December 2016 and the service was rated Requires Improvement overall. At that inspection we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service had not fully ensured staff and people were protected from the spread of infection and maintenance issues had not always been addressed to ensure people's safety. A focussed inspection of the service was completed in May 2017; we found the provider had made improvements and was meeting the requirements of the regulations. At this inspection, we found the service had maintained previous improvements and the service was rated Good overall.

People received safe care and treatment. Staff had been trained in safeguarding and had a good understanding of safeguarding policies and procedures. The administration and management of medicines was safe. There were sufficient numbers of staff working at the service. There was a robust recruitment process to ensure suitable staff were recruited. Risk assessments were updated to ensure people were supported in a safe manner and risks were minimised. Where people had suffered an accident, themes and trends had been analysed, and action had been taken to ensure people were safe and plans put in place to minimise the risk of re-occurrence.

Staff had received training appropriate to their role. People were supported to access health professionals when required. They could choose what they liked to eat and drink and were supported on a regular basis to participate in meaningful activities. People were supported in an individualised way that encouraged them to be as independent as possible. People were given information about the service in ways they wanted to and could understand.

People and their relatives were positive about the care and support they received. They told us staff were caring and kind and they felt safe living in the home. We observed staff supporting people in a caring and patient way. Staff knew people they supported well and were able to describe what they liked to do and how

they liked to be supported.

The service was responsive to people's needs. Care plans were person centred to guide staff to provide consistent, high quality care and support. Daily records were detailed and provided evidence of person centred care. People received end of life care and support which met their individual needs and preferences.

The service was well led. People, staff and relatives spoke positively about the manager. Quality assurance checks were in place and identified actions to improve the service. The manager sought feedback from people and their relatives to continually improve the service.

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.

There were sufficient staff to keep people safe.

Medicines were managed safely with people receiving their medicines as prescribed.

Staff reported any concerns and were aware of their responsibilities to keep people safe from harm.

People were kept safe through risks being identified and well managed.

Is the service effective?

Good

The service was effective.

Staff received adequate training to be able to do their job effectively.

Staff received regular supervisions and appraisals.

The manager and staff had a good understanding of the Mental Capacity Act (MCA).

People and relevant professionals were involved in planning their nutritional needs. People's health was monitored and healthcare professionals visited when required to provide an effective service.

Is the service caring?

Good

The service was caring.

People received the care and support they needed and were treated with dignity and respect.

People we spoke with told us the staff were caring and kind.

People were supported in an individualised way that encouraged them to be as independent as possible

People and their relatives were involved in planning their care and support.

Is the service responsive?

Good

The service was responsive.

People were able to express their views about the service and staff acted on these views.

Care plans clearly described how people should be supported. People and their relatives were supported to make choices about their care and support.

There was a robust system in place to manage complaints. All people and staff were confident any complaints would be listened to and taken seriously.

Care plans recorded people's likes, dislikes and preferences. Staff had information that enabled them to provide support in line with people's wishes.

People received end of life care and support which met their individual needs and preferences.

Is the service well-led?

Good

The service was well led.

Staff said they were well supported by management and were clear on the visions and values of the service.

Quality monitoring systems were used to further improve the service.

There were positive comments from people, relatives and staff regarding the management team.

Hyperion House

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.

Prior to the inspection we looked at information about the service including notifications and any other information received from other agencies. Notifications are information about specific important events the service is legally required to report to us. We reviewed the Provider Information Record (PIR). The PIR was information given to us by the provider. This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

This inspection took place on 20 and 21 March 2018 and was unannounced. Inspection site visit activity started on 20 March 2018 and ended on 21 March 2018. It included looking at records, speaking to people who use the service, talking with staff and phone calls and emails to relatives and health professionals. The inspection was completed by one adult social care inspector and an Expert by Experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service.

We spoke with the manager and deputy manager of the service and seven members of care staff. We spoke with eight people living at Hyperion House. We spoke with six relatives of people living at the service. We spoke with four health and social care professionals who have regular contact with the provider.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe. One person said, "Oh yes I feel very safe and very well looked after." Another person said, "I feel safe no problems at all." One relative said, "I feel mum is very safe at the home. The staff are caring and look after her really well." Another relative said, "I have never felt X [name of person])is not safe."

Staff had been provided with training on how to recognise abuse and how to report allegations and incidents of abuse. Policies and procedures with regard to safeguarding were available to everyone who used the service. The manager and staff recognised their responsibilities and duty of care to raise safeguarding concerns when they suspected an incident or event that may be abusive. Staff notified other agencies which included the local authority, CQC and the police. Staff told us they would report any concerns they had to the manager and had confidence in the manager's ability to investigate and respond appropriately to safeguarding concerns. One staff member said, "If I have any concerns, I will raise these with the manager. All concerns are taken seriously and fully investigated." All of the staff we spoke with had a good understanding of the provider's safeguarding policies and procedures. People were offered external support from agencies such as; a local advocacy service or independent mental capacity advocates (IMCA) to support them if required. These are individuals not associated with the service who provide support and representation to people if required.

The number of staff needed for each shift was calculated based on the number of people using the service, individual dependency tools and people's presenting needs. People, staff and staff rotas confirmed there were sufficient numbers of staff on duty and the same staff were consistently used to ensure continuity for people. Throughout our inspection we observed a strong staff presence in the service. People and their relatives told us they felt there were sufficient staffing levels to ensure people received care when they needed it. One person said, "There are enough staff." Another person said, "Staff come along and help almost at once." The staff we spoke with told us the manager ensured the service was always sufficiently staffed and if further staff support was required, the manager was always willing to support the care staff. The manager told us they would use agency staff for emergencies but these would be from an agencies used regularly. The manager also told us agency staff would always be supported by permanent staff members at all times.

We looked at the recruitment records of a sample of staff employed at the home. Recruitment records showed that relevant checks had been completed including a Disclosure and Barring Service (DBS) check. A DBS check allowed employers to check whether the applicant had any past convictions that may prevent them from working with vulnerable people. References were obtained from previous employers as part of the process to help ensure staff were suitable and of good character. Where staff had gaps in employment, these were investigated and a full account of each applicant's employment history was available to ensure suitable staff were employed.

Staff completed a six month probationary period which enabled the manager to come to a conclusion on whether the member of staff was suitable to work with people. The provider had a disciplinary procedure

and other policies relating to staff employment to ensure people who used the service were kept safe.

People were supported to take risks to retain their independence; these protected people but enabled them to maintain their freedom. We found individual risk assessments in people's care and support plans relating to their risk of falls, choking and moving and handling safely. The risk assessments had been regularly reviewed and kept up to date. One person was at risk of developing pressure ulcers. Their skin risk assessment had been regularly updated as the person's level of need changed to ensure the support they received managed their changing risk.

The service had effective arrangements to respond to incidents, accidents, concerns and safeguarding events. The service had a folder which was a central log for detailing these and there was a system to deal with each one as appropriate. The service was able to identify areas for improvement and lessons were learnt from each investigation. For example, one person had suffered a series of falls in their room. The cause of the falls had been investigated and as a result an assessment from other health care professionals was arranged for specialist seating equipment to minimise their risk of future falls.

People's medicines were safely managed. There were clear policies and procedures in the safe handling and administration of medicines. Medication administration records (MAR) demonstrated people had received their medicines as prescribed. Staff who administered medicines received training, observed other staff and completed a full and comprehensive competency assessment, before being able to give medication. People were supported to take their medicines as they wished. Each person had their own medicines profile which detailed what medicines they were taking, what these were for, their preferences in relation to their medicine administration and what support they required with their medicines. The people living at Hyperion House told us they received their medication on time and that staff supported them to ensure they were taking their medication. People told us the staff would explain to them what the medicine was for. All of the relatives we spoke with were satisfied that people received their medicines as prescribed.

Health and safety checks were carried out regularly to ensure the service was safe for people living there. Environmental risk assessments had been completed, so any hazards were identified and the risk to people was either removed or reduced. Checks were completed on the environment, such as the fire system by external contractors. Certificates of these checks were kept. Fire equipment had been checked at the appropriate intervals and staff had completed both fire training and fire evacuation (drills). There were policies and procedures in the event of an emergency and fire evacuation. Each person had an individual evacuation plan to ensure their needs were recorded and could be met in an emergency. At the time of the inspection, the service was in the process of undergoing extensive building work. We saw evidence of frequent environmental risk assessments to ensure people were not placed at risk during the building works.

Staff completed training in infection control and food hygiene. This meant they could safely make people food as required and understand the procedures in place for minimising the risk of infections. We observed staff wearing gloves and aprons when supporting people with their care. Staff told us they had received appropriate training in their induction and had fully understood the training that had been provided. For example, the kitchen staff told us how they had been trained to accurately take food temperatures before food was served to people. We saw records of temperatures being taken for each meal before it was served to the people living at the service. This ensured people were receiving food that was safe and well cooked. The home had received the highest five star food hygiene rating from the local council. The premises were clean and tidy and free from odour. The manager informed us a housekeeper was employed who covered cleaning duties at the home seven days per week.

Good

Is the service effective?

Our findings

The people living at Hyperion House told us they received a high quality service from well skilled staff who been appropriately trained to meet their needs.

Staff had been trained to meet people's care and support needs. Training records showed staff had received training in core areas such as, safeguarding adults, person centred care, health and safety, first aid, food hygiene and fire safety. Training was targeted around people's presenting conditions such as stroke awareness and dementia training. Staff confirmed their attendance at training sessions. The manager told us staff had access to online e-learning in addition to face to face classroom based learning.

The staff we spoke with told us they had received good levels of training to enable them to do their job effectively. One member of staff said, "The training is excellent and is appropriate to our role. The training provided has really improved in the past 12 months." Another member of staff told us how the training provided to them when they started working at the service was excellent.

The manager told us how they were constantly looking to improve staff learning and encouraged staff to gain further skills that would support them and their colleagues in their role. The manager told us how they had supported one member of staff to become the dignity champion for the home. The manager told us how they involved this member of staff in the induction process to work closely with new staff to support them to fully understand how to support people whilst maintaining their dignity and respect. The manager told us they would be requesting the dignity champion to become further involved in team meetings to share their knowledge with other staff to ensure best practice was maintained within the service.

Staff had completed an induction when they first started working in the home. This included reading policies and procedures, completing core training such as first aid and safeguarding and undertaking shifts to shadow experienced staff. These shifts allowed a new member of staff to work alongside more experienced staff so that they felt more confident working with people. This also enabled them to get to know the person and the person to get to know them. The staff we spoke with told us they had received a good induction which had prepared them well for their role.

Staff had received regular supervision. These were recorded and kept in staff files. The staff we spoke with confirmed they had received supervision from the manager or senior carers. Staff who provided supervision had received the appropriate training around this. There was evidence staff received annual appraisals.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met. The 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 and legally authorised under the MCA. From speaking with staff, it was evident they had a good understanding of the act and how it

impacted on their day to day roles of supporting people.

People can only be deprived of their liberty so that they can receive care and treatment and this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Where required, the manager had ensured people's mental capacity had been assessed. From reading the assessments; it was evident that these were decision specific and had been reviewed at regular intervals. Where people were assessed as lacking mental capacity, we saw evidence that the service had worked closely with the person's representatives and relevant professionals to ensure decisions were made in their best interests.

The manager had ensured that where people's liberty was being deprived, a DoLS application had been made to the local authority. The manager was clear around their understanding of the notification process to CQC. We looked at the records of people who had a DoLS in place and found these were up to date. The manager had a process of ensuring they regularly reviewed people's DoLS application to ensure these were still required and where a person's DoLS was due to expire; a renewal was applied for in a timely manner. We found the service was working within the principles of the MCA and DoLS legislation.

Care records included information about any special arrangements for meal times and dietary needs. Menus showed people were offered a varied and nutritious diet. The menu was displayed in the dining room and we observed staff talking with people and asking them what they would like to eat. Where people indicated a different preference to what was on the daily menu, care staff liaised with the kitchen staff to ensure the person was provided with a meal which they liked. One person was a vegetarian and told us the chef ensured they had a good variety of meals to choose from. Another person had a gluten-free diet and they didn't like the bread being served to them. They told us how the deputy manager had gone to Cirencester to purchase them bread which they liked.

We observed positive interactions between people and staff during meal time. Where people were being assisted with their meal by staff, this support was provided in a kind and caring way. Staff took their time and did not rush people. There was lots of conversation between the staff and people during lunch. During our inspection, we observed staff offering a choice of hot or cold drinks to people throughout the day. People told us they could ask for drinks or snacks at any time and there was a quick response to these requests. All of the people and relatives we spoke with told us they felt the food was good and there was plenty of choice available. One person said, "You couldn't get a better choice." Other people described the food as "marvellous" and "lovely."

The provider assessed people's needs and choices in line with current legislation and standards. When people were at risk of malnutrition staff assessed the risks associated with this condition. For example, they used the universally recognised Waterlow tool to identify and review the risks to people's skin health. One person had developed a pressure ulcer and records confirmed this had been treated appropriately.

People's care records showed relevant health and social care professionals were involved with people's care; such as GPs, dentists, opticians, specific health professionals for example,; occupational therapists and cancer specialist nurses. In each care and support plan, support needs were clearly recorded for staff to follow with regard to attending appointments and specific information for keeping healthy.

The service had a welcoming and homely feel. Each bedroom was decorated to individual preferences and the manager informed us people had choice as to how they wanted to decorate their room. People and their relatives confirmed they were able to choose how their rooms were decorated. The manager told us they had an improvement plan to decorate and further improve the environment in the rest of the home. They

told us this would be completed as part of the current construction project to extend the size of the service.

Good

Is the service caring?

Our findings

There were positive comments about the staff from people and relatives and health professionals. One person said, "The staff are wonderful and look after our various conditions." Another person said, "The carers are very nice to me. They are very kind people." All of the relatives we spoke with told us they felt the staff working at Hyperion House were kind and caring towards their loved ones. One relative told us how they had suffered a leg injury and were required to use a wheelchair. The person told us that the staff had spent time with them pushing their wheelchair around the home when they went to visit their relative.

People and their relatives were provided with opportunities to give feedback regarding their experience of the service. The service had received a number of positive comments from relatives of people who used the service. For example, one relative had written, "Thank you and all your nursing staff for the care you gave to (name of family member)." Another family member had written "Thank you all for taking such good care of mum, it is much appreciated. A special thank you to (name of staff member) for the many hours spent with mum when she went for her X-rays." The manager told us this feedback was shared with the staff as they found it supported staff morale and showed staff that their efforts and dedication was appreciated by the people living at the home and their relatives.

People were supported by a consistent team of staff. This ensured continuity and enabled people to get to know the staff team. Staff commented on how they worked well as a team and were keen to support each other in their roles. One member of staff said "We all work together and compliment each other really well. There is a real team ethos here. If I need help, there is always someone available to help me."

Staff treated people with understanding, kindness and knew the importance of respect and dignity. For example, Staff were observed providing personal care behind closed bedroom or bathroom doors. Staff supported people at their own pace explaining what they were doing. Staff were observed knocking and waiting for permission before entering people's bedrooms. We received positive feedback from people and their relatives. One person said, "The staff are very respectful. They knock on the door and treat me well." One relative commented about how the staff were respectful towards their mother when they hoisted her and always told her mother what they were going to do.

The manager informed us people, relatives and their representatives were provided with opportunities to discuss their care needs during their assessment prior to their service being set up. The manager also stated they used evidence from health and social care professionals involved in the person's care. Examples of the involvement of family and professionals were found throughout people's care and support plans, in relation to their day to day needs.

People's care records included an assessment of their needs in relation to equality and diversity and dignity and respect. Staff we spoke with understood their roles in ensuring people's needs were met in this area. We saw that staff had been trained in equality and diversity. The manager told us they felt it was vital that they understood people's cultural needs as early as possible and this information was captured during the initial assessment process. The manager told us how this would allow the service to cater for people's individuals

needs as soon as they arrived at the service. People we spoke with told us their spiritual needs were met and there were good links with the local church.

The staff we spoke with told us they felt the manager treated them with equality, dignity and respect, and ensured their needs were met in this area. For example, one staff member told us how they had a long term condition. The staff member told us the manager had spent a considerable amount of time with them to understand how this would affect them in the workplace and how best they could be supported in the role. The staff member said "The support from the manager has been excellent and I have been welcomed from day one. The manager and all of the staff treat me with respect and as an equal."

Good

Is the service responsive?

Our findings

We saw that each person had a care plan to record and review their care and support needs and provided guidance on how staff were to support people. Each care and support plan covered areas such as; safety, personality, physical health, eating and drinking, environment, family, friends and community, biography, sensory impairment and spirituality. Each person's care plan had a page detailing their likes, dislikes, critical care and support needs. People's preferred routine was also recorded to show how people liked things to be done. For example, people's personal care plans included their preferred routine of how they would like to be supported with their personal care. During conversations with staff they were able to describe how people liked to be supported.

Care plans were regularly reviewed. Staff told us reviews were completed monthly and more frequently if required. Changes to people's needs were identified promptly and were reviewed with the involvement of other health and social care professionals where required. For example, where people required support from the tissue viability service to manage their skin conditions, we saw evidence these professionals had been involved in the development and reviews of people's skin care plans.

Staff confirmed any changes to people's care was discussed regularly through the shift handover process to ensure they were responding to people's care and support needs. We were told by the manager that staff would also read the daily notes for each person. The daily notes we looked at were detailed and contained information such as, what activities people had engaged in, their nutritional intake and also any behavioural issues occurring on shift. This ensured that staff working the next shift were well informed of what had happened on the previous shift.

Arrangements were in place to ensure unforeseen incidents affecting people would be well responded to. For example, everyone living at the home had a 'Hospital Grab Pack' which was given to the paramedics attending to the person. This provided the hospital staff with key information about the person's needs and preferences including information about their medical history and current medication.

People were supported on a regular basis to participate in meaningful activities. There was a full time activities coordinator employed at the home. Activities included art and craft, board games, quizzes, movies, skittles, and individual activities. There were also visits from professionals, volunteer groups and trips out to support the activity programme within the home. These included a local Mind Song group, a Music for Health session and animal specialists.

The manager also told us they had links with other local groups. They told us pupils from local schools and community groups, such as the Brownies, provided entertainment. The manager told us about an initiative where children from a local nursery visit every Monday to spend time with the people living at the home. In addition to this, pupils from a local secondary school are given the opportunity for work experience and volunteer for their Duke of Edinburgh award. The manager told us how these activities were mutually beneficial with youngsters gaining an insight in to the needs of older people and the residents having further interaction. The people we spoke with told us they enjoyed the interaction with the young people/children.

During the inspection we observed daily activities in the mornings and afternoons. When observing these, there was evidence staff involved all the people in the communal area if they indicated a preference to participate in activities. All of the people we spoke with praised the activities coordinator for the effort they put into their role and the variety of activities on offer. Relatives also praised the activities coordinator for their enthusiasm and dedication.

People told us they were aware of who to speak with and how to raise a concern if they needed to. There were no concerns raised from the people we spoke with and those that had raised concerns previously told us they were happy with the outcomes. People felt that the staff would listen to them if they raised anything and that issues would be addressed. One person said, "If I have any concerns I can speak with the manager or any of the staff. They always listen to us and do their best to put things right if we have any concerns." Relatives we spoke with told us they had confidence in the ability of the manager to resolve any concerns they raised.

People were supported at the end of their life to have a comfortable, dignified and pain free death. If people required end of life care, the service sought support and guidance from specialist health professionals. Staff told us they knew what end of life care was and they had received training in this area. End of life care plans evidenced consideration had been given to people's individual religious, social and cultural diversity or values and beliefs, and how these may influence wishes and decisions about their end of life care.

Good

Is the service well-led?

Our findings

There was a manager for the service who was currently going through the process to become the registered manager with the Care Quality Commission.
People, staff and relatives spoke positively about the manager. Staff told us they felt well supported by the manager. One member of staff said, "The manager is great. We have excellent support from both the manager and deputy manager." Another member of staff said, "The manager and deputy manager are always helping us to support the people living here." A person living at the home, when speaking about the manager said, "The manager is very good. She is chatty and always about." Another person said, "The manager is nice and helpful." One relative said, "The manager is always on top of things and issues are sorted quickly." Another relative said, "The manager is always approachable and listens to us."

The manager told us that recognising and valuing the work of staff was important to ensure a caring staff team and this also ensured staff morale remained high. The staff we spoke with told us they felt valued by the manager and this was communicated to them through positive feedback during team meetings and formal supervision. Staff told us how this enhanced morale and motivated them to work harder. Staff also told us it assured them that their efforts were appreciated by management.

The manager was responsible for completing regular audits of the service. These included assessments and updates of care plans, meal time experiences, incidents, accidents, complaints, staff training, and the environment. The audits were used to develop action plans to address any shortfalls and plan improvements to the service. It was evident from looking at these systems that they were effective in supporting the manager to identify and respond to concerns. For example, during a monthly pressure sore analysis, the manager identified one person's pressure sore was not healing. This was followed up with a referral to the tissue viability service for further treatment of the pressure sore. In a monthly care plan audit, the manager identified people's risk assessments were not always updated following an accident or incident. This was discussed with the staff and we found at the time of the inspection that risk assessments were being reviewed after an accident or incident.

Staff attended regular team meetings and briefings. Staff explained regular meetings and briefings gave the team consistency and space to deal with any issues. The team meetings covered areas such as safeguarding and policy updates. Staff told us they found the team meetings to be 'very good' as it gave them an opportunity to discuss issues with their colleagues and management. Staff told us they found the manager and deputy manager were willing to listen to staff and take their opinions into consideration.

The manager told us they were well supported by the provider. The manager told us they could contact the director of the service whenever they required support. They told us they received a prompt response and appropriate support was provided. The manager told us the provider was always looking at ways to improve the service and there were no restrictions on resources when the manager made any requests.

The service was actively seeking peoples, relatives, staff and other stakeholder's views through sending out regular questionnaires and having regular meetings. The manager told us this was a way of ensuring

everyone involved with the service had a voice. The results of the surveys were analysed and evaluated. The response from these surveys was positive and where suggestions were made, these had been listened to.

The manager had a clear contingency plan to manage the service in their absence. This was robust and the plans in place ensured a continuation of the service with minimal disruption to the care of people. In addition to planned absences, the manager was able to outline plans for short and long term unexpected absences as well as ensuring there was minimal disruption to the service provided to people in the case of an event which affected the whole service. For example, the service was currently undergoing extensive construction work which also included relocation of the kitchen to a satellite kitchen as well as work to remove asbestos. However, this had minimal effect on the service provided to the people living at Hyperion House.

We looked at accident and incident reports, and found the manager was reporting to CQC appropriately. The provider had a legal duty to report certain events that affect the well-being of the person or the whole service.