

Acacia Care Limited

# The Heathers Nursing Home

## Inspection report

Quarry Road  
Chipping Sodbury  
Bristol  
Avon  
BS37 6AX

Tel: 01454326471

Website: [www.heathersnursinghome.co.uk](http://www.heathersnursinghome.co.uk)

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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

This inspection took place on 18 and 19 October and was unannounced. There were no concerns at the last inspection of August 2016. The Heathers provides accommodation, nursing and personal care for up to 30 people. At the time of our visit there were 25 people living at the service.

At our last inspection, we rated the service Good. At this inspection, we found evidence continued to support this rating and in addition, we found the service had improved to outstanding in caring and responsive.

Why the service is rated outstanding:

People continued to receive a service that was safe. The registered manager and staff understood their role and responsibilities to keep people safe from harm. People were supported to take risks, promote their independence and follow their interests. Risks were assessed and plans put in place to keep people safe. There was enough staff to safely provide care and support to people. Checks were carried out on staff before they started work to assess their suitability to support vulnerable people. Medicines were well managed and people received their medicines as prescribed. People were protected by the homes infection control policy and procedures

The service remained effective in meeting people's needs. Staff received regular supervision and the training needed to meet people's needs. Arrangements were made for people to see a GP and other healthcare professionals when they needed to do so. The registered manager and staff understood the principles of the Mental Capacity Act (MCA) 2005 and, worked to ensure people's rights were respected. People were supported to enjoy a healthy, nutritious, balanced diet whilst promoting and respecting choice.

The service was exceptionally caring and put people at the heart of everything they did. We were introduced to people throughout our visit and they welcomed us. They were relaxed, comfortable and confident in their home. The feedback we received from them was extremely positive throughout. Those people who used the service expressed great satisfaction and spoke highly of all staff. Staff had a good awareness of individuals' needs and treated people in a warm and respectful manner. They were knowledgeable about people's lives before they started using the service. Every effort was made to enhance this knowledge so that their life experiences remained meaningful.

The service was exceptionally responsive to people's health and social needs. People received person centred care and support. Regular monitoring and reviews meant that referrals had been made to appropriate health and social care professionals. Where necessary care and support had been changed to accurately reflect people's needs and improve their health and wellbeing. People were offered a range of activities both at the service and in the local community. People were encouraged to make their views known and the service responded by making changes.

People benefitted from a service that was very well led. The director, registered manager, deputy and staff team maintained a clear focus on continually seeking to improve the service people received. Everyone

demonstrated strong values and, a desire to learn about and implement best practice throughout the service. Good quality assurance systems were in place and based upon regular, scheduled audits, which identified any action required to make improvements. This meant the quality of service people received was monitored on a regular basis and, where shortfalls were identified they were acted upon.

Further information is in the detailed findings below.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Outstanding ☆

The service has improved to Outstanding.

The service was exceptionally caring.

People who used the service valued the relationships they had with staff and expressed unreserved satisfaction with the care they received.

Staff were passionate about enhancing people's lives and promoting their well-being.

Staff treated people with dignity, respect and compassion.

People were supported to maintain relationships that were important to them.

### Is the service responsive?

Outstanding ☆

The service has improved to Outstanding.

Staff identified how people wished to be supported so that it was meaningful and personalised.

Changes in people's needs were quickly recognised and appropriate prompt action taken, including the involvement of external professionals where necessary.

People were encouraged to pursue personal interests and hobbies and to access activities in the service and community.

People were listened to and staff supported them if they had any concerns or were unhappy.

## Is the service well-led?

Good 

The service remains good.

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# The Heathers Nursing 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

The inspection was carried out by one inspector for adult social care. Prior to the inspection we looked at information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events, which the service is required to send us by law.

Before the inspection, we had asked the provider to complete 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 planned to make. We reviewed the information included in the PIR and used it to assist in our planning of the inspection.

During our visit, we observed people living in the home and we spoke individually with four people. Two relatives were happy to speak with us and share their thoughts about the home, we also met with an ex-relative who was now a volunteer in the home. We spent time with the, managing director, registered manager and deputy. We spoke with individually with seven staff. We looked at four people's care records, together with other records relating to their care and the running of the service. This included four staff employment records, policies and procedures, audits and quality assurance reports.

## Is the service safe?

### Our findings

People continued to receive safe care and support. Their safety was paramount to the service. The management team continuously evaluated systems in place and additional measures were always considered to promote the homes philosophy that 'prevention is better than cure'. One improvement since the last inspection was to employ a lounge-based carer from 2.30pm until 8.30pm. Primarily their role was to be present in the lounge to help ensure people's safety and to promote and monitor health and well-being. This would include things such as ensuring adequate fluid intake is maintained throughout the day, assisting people to use toilet facilities and to support people with compromised mobility. This had considerably reduced the number of falls, accidents and incidents. One of the common themes for people and their relatives was that they felt, safe, happy and secure. Comments we heard and read included, "I am in very good, safe hands thank you", "All the family feel relieved she is in good hands" and "She has never had a bed sore or any skin problems".

Staff understood what constituted abuse and the processes to follow to safeguard people in their care. Policies and procedures were available to everyone who used the service. Staff confirmed they attended safeguarding training updates to refresh their knowledge and keep them up to date with any changes. The registered manager, deputy and staff recognised their responsibilities and duty of care to raise safeguarding concerns when they suspected an incident or event that may constitute abuse, had occurred. Agencies they notified included the local authority, CQC and the police.

Staff managed risks relating to people's health and well-being and how to respond to these. This included risks associated with weight loss, moving and handling, maintaining skin integrity and difficulty with swallowing and potential choking risks. People's records provided staff with information about these risks and the action staff should take to reduce these. Some people required equipment to help keep them safe. The service ensured people were assessed so that appropriate aids were in place to support them. Equipment was risk assessed and staff received training on how to use the equipment to reduce the risks to people who used them. Specialist equipment included pressure relieving mattresses, profiling beds, specialist seating, mobile hoists and equipment to help people shower and bathe safely. Equipment was checked by the maintenance person and maintained by an outside contractor where necessary.

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. Written accident and incident documentation contained a good level of detail including the lead up to events, what had happened and, what action had been taken. Any injuries sustained were recorded on body maps and monitored for healing. There was evidence of learning from incidents that took place and appropriate changes were implemented. Staff identified any trends to help ensure further reoccurrences were prevented. Since the previous inspection a nurse had enrolled as the home's falls champion and had attended recent training. They told us they were looking forward to developing the role and sharing good practice with the rest of their colleagues.

During the inspection, the atmosphere in the home was calm and staff did not appear to be rushed, they responded promptly to people's requests for support. People, relatives and staff confirmed there were

sufficient numbers of staff on duty. The service ensured staff employed had suitable skills, experience and competence to fulfil their roles. In addition, the service considered personal qualities to help provide assurances that they were honest, trustworthy and that they would treat people well. Staff files evidenced that safe recruitment procedures were followed. Appropriate pre-employment checks had been completed and written references were validated. Disclosure and Barring Service (DBS) checks had been carried out for all staff. A DBS check allows employers to check whether the applicant has had any past convictions that may prevent them from working with vulnerable people.

The home was clean, homely and free from any unpleasant odour. The provider had infection prevention and control policies in place and staff had received training. One staff member was the infection control lead and was responsible for ensuring staff followed the most up to date guidance. Staff had access to the equipment they needed to prevent and control infection including; disposable gloves, aprons, sluicing facilities, and cleaning materials.



## Is the service effective?

### Our findings

People continued to receive care and support from an effective service. Staff had an induction programme to complete when they started working for the service. Those staff who had not worked in care before completed a programme of 15 modules within three months. This was in line with the new Care Certificate that was introduced for all care providers on 1st April 2015. A mentor system was in place where all new staff were linked with, and then shadowed, a senior staff member during shifts. This was to assist with continued training throughout the induction process.

The service continued to ensure staff received training updates and they were suitably skilled to meet people's needs. Collectively they had the skills and confidence to carry out their roles and responsibilities effectively. Training and development opportunities were tailored to individual staff requirements. Staff felt encouraged and supported to increase their skills and gain professional qualifications. There was an expectation that staff would undertake a diploma in health and social care at level two or three (formerly called a National Vocational Qualification). In addition to mandatory courses, staff accessed additional topics to help enhance the care people received. This year topics had included, dementia awareness, end of life support, and conditions such as Huntington's, Parkinson's and stroke awareness.

The service had a small, steadfast group of staff. Staff continued to work well as a team and there was a continuous theme of supporting and supervising each other. Staff felt they were supported daily by the registered manager, deputy and colleagues. Any additional support/supervision was provided on an individual basis and these were formally recorded. The deputy took the lead in supervisions. Supervisions supported staff to discuss what was going well and where things could improve, they discussed individuals they cared for and any professional development and training they would like to explore.

Staff had received training on the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). The MCA provides a legal framework for those acting on behalf of people who lack capacity to make their own decisions. 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met. Staff understood the principles of the MCA and, how to implement this for those people who did not have mental capacity and, how to support best interest decision making. This included those decisions that would require a discussion with family, and possibly other significant people, for example health and social care professionals.

People continued to receive a healthy nutritious diet and the deputy took the lead in assessing any change of health conditions and subsequent changes to any nutritional requirements. Choice of meals and mealtimes were flexible each day dependent on personal preferences and daily routines. People enjoyed freshly prepared meals and told us they were, most enjoyable, tasty and there was plenty to choose from.

The deputy continued to ensure everyone had prompt and effective access to primary care including preventative screening and vaccinations, routine checks, GP call outs and access to emergency services. The registered manager and deputy recognised the importance of seeking expertise from community health and social care professionals so that people's health and wellbeing was promoted and protected.

The environment was very well maintained, decorated and all furniture, soft furnishings, fixtures and fittings were of a very good standard. Every effort had been made to make all areas feel homely and comfortable. Since the last inspection, the provider had commissioned a painter/artist to provide a meadow scene mural on the walls of a small lounge area. It was proving very successful and people enjoyed looking at the walls and in turn these encouraged discussions about the scenery, birds and wildlife. The registered manager was looking at meadow sound tracks to add to the ambience the room had afforded people.

## Is the service caring?

### Our findings

Following their inspection in 2016, the service had considered how they could sustain and develop to further enhance their passion to provide an exceptional caring service. The whole team approach was the driving force in delivering a truly person-centred service. There were endless heartfelt comments from people and their relatives. We read equally similar comments in surveys and the compliments book. Comments included, "The staff are excellent, caring with gentleness and humour. They work very hard with a smile on their face at all times", "Staff are caring, compassionate and nothing is too much trouble for them", "Staff provide excellent care in a friendly, secure environment", "Since living here auntie has received outstanding care" and "Thank you from the bottom of my heart for all you have done". One professional wrote, "The Heathers has a very warm feel and the nurses and staff are passionate about all of the residents".

Staff thoroughly enjoyed working at the home and it was evident they were fully committed to people who lived there, the provider, managers and fellow colleagues. Comments included, "We have very good staff who love the residents", "I am proud and when I go home I know we have done our very best and made a difference", "We are like a family and I feel very much part of it, I love it here", "We work extremely hard to ensure people are treated as individuals and feel loved and respected, when they smile it's very special" and "They are my family, I keep smiling and jolly, I want the residents to be proud of me".

Every effort was made to enhance and maintain family support and existing relationships so that their life experiences were meaningful and relationships remained important. Those relationships were sustained and encouraged in various ways. People were supported to attend weddings, funerals and other important/significant family events. This year one person's daughter was getting married. Discussions with the daughter considered options on how staff could support her mother to attend the wedding. The deputy told us the daughter was delighted that she would have her mother there on her wedding day. The person was apprehensive at first about going as she had lost a lot of her confidence. After many discussions with numerous members of staff she said she would like to attend the wedding if they were able to support her. The day arrived and staff had helped her choose her outfit, fascinator, shoes and she had her hair styled. One carer supported her to attend the wedding and when she arrived back home she told staff, 'it was so beautiful and I cried with joy, thank you all so much'.

All staff were highly motivated and inspired to offer care that was kind and compassionate. They were determined and creative in overcoming obstacles in achieving this. The registered manager and deputy shared with us various examples where they had 'gone that extra mile' to achieve positive outcomes for people and their families. They spoke with us about one lady who had become socially isolated prior to living in the home and had subsequently lost contact with friends and their local community support groups. When discussing her life history, they found that she was previously an active member of the Chipping Sodbury Baptist church and this was something she particularly missed. The deputy contacted the church, who were delighted to hear the lady was still living locally and at The Heathers. They arranged for a someone from the church to visit her which went very well. Since this meeting the lady along with other people living in the home now visit the church Memory Cafe regularly. She has since met friends of which she had lost touch with and her confidence and wellbeing has improved.

In addition, this person used to be the head of the Woman's Own group at the Church which is a ladies Christian Fellowship. The staff have continued to support them to attend meetings and this year at the groups 85th anniversary she was made a guest of honour. Other people in the home were invited too, they sang their favourite hymns and enjoyed a lovely afternoon tea. She told staff she thoroughly enjoyed the day and was pleased to be able to meet old friends and maintain lifelong relationships, as they now came and visited her in the home.

These acts of kindness had in turn benefited many people at The Heathers. Discussions continued with church representatives to see if they could provide people with religious and befriending services. Representatives from the church now visit the home to provide people with PAT (Pets as Therapy) dog weekly visits and a monthly church service. The registered manager and deputy told us, "Many of our residents thoroughly enjoy interacting with Archie the dog, as they can relive memories of their own pets".

Staff were exceptional in enabling people to remain independent and gain skills in independence. Through continual assessment and monitoring staff could identify if people's conditions had deteriorated and take appropriate action. One person had expressed how she missed her trips out with her husband in the car. She was struggling to get from the wheelchair into the passenger seat. The deputy assessed the transferring concerns and contacted the community Occupational Therapist (OT) for support. They visited and assessed her as requiring a specialist handle which could be attached to the car thus enabling her to pull herself up and into the car seat. This had been a great success and enabled the lady and her husband to go out on trips for the day together something they had not been able to do for many years.

A lady had a diagnosis of dementia and the family had shared with the staff her life history and things that were previously important to her. She had worked as a telegraphist for most of her life. The registered manager and deputy told us, "She now regularly sorts, sends and receives old telegrams that we have sourced from the internet. This has given her a purpose that has proved meaningful and obviously brought back important memories for her".

The registered manager and deputy recognised that sometimes it was the 'little acts of kindness that went a long way'. During the hot summer it was important to ensure people were drinking enough fluid to keep them hydrated. The kitchen staff created different ways of increasing fluid intake such as making special fruit punches, serving them inside a watermelon to make drinks look more appealing and appetising. Smoothies, shakes and ice lollies were also served in different fun shaped glasses.

Following a recent 'residents' meeting it was identified that one person was having trouble sleeping at night and they discussed the possible reasons as to why this could be. The person mentioned that she used to enjoy a glass of brandy before she went to sleep when she was at home. The deputy told us, "We now offer her a glass of brandy every evening and she has noticed a significant improvement in her sleep, to which she is very thankful for". Another person previously enjoyed growing their own herbs for cooking. The service provided raised planters at wheelchair height which enabled the person to do some simple gardening tasks. The person was visually impaired but they could smell the variety of herbs when they had grown and recognised each herb through smell and touch which she was very pleased about. She even picked the herbs and asked the cook to use them in a meal of her choice which she really enjoyed.

Effective communication and contact was an important part of ensuing relationships between family and friends were promoted and sustained. This was achieved in various ways. One person's closest relatives lived in France and they were concerned that they were not able to come and visit as much as they would like to. The service discussed with the family different forms of communication they could use to keep in contact with their mother, and it was decided they could use the home's IT equipment to make weekly video

calls to each other. This was far more engaging than phone calls and 'lots more fun'. Staff also kept families and friends connected and involved by producing a quarterly newsletter. This was especially helpful for those who were unable to visit regularly.

## Is the service responsive?

### Our findings

Following their inspection in 2016, the service had considered how they could sustain and develop to further enhance a responsive service. People received a service that was responsive, innovative and based upon a person-centred approach and best practice. They had achieved exceptional results to improve health and emotional wellbeing.

Thorough assessments were completed for those people who were considering moving into the home. In addition to the individual, every effort was made to ensure significant people were also part of the assessment. This included family, hospital staff, GP's and social workers. The information gathered was detailed and supported the service and prospective 'resident' to decide as to whether the service was suitable and their needs could be met. The registered manager and deputy demonstrated a sensible, measured approach before taking any new admissions, ensuring the staff compliment, skills, current dependency levels of people living in the home and the environment were satisfactory.

The homes approach to care was person centred and holistic and included the support people required for their physical, emotional and social well-being. The registered manager, deputy and nurses continuously reviewed the planning, delivery and management of people's care and support. As a result, people received a service that was responsive, innovative and based upon a person-centred approach and best practice. This allowed for their individual health and social care needs to be met.

The registered manager and deputy shared with us some examples where their responsive interaction had improved people's health and wellbeing. One person had been admitted to the home and had a generative disease in their eyes, a diagnosis as a complication of diabetes. Their eyesight was very poor and this was having a significant impact on their lives. Glasses had been advised by an optician but were found to be of little benefit. Although referrals were made to the local eye hospital they were unable to facilitate the laser treatment required. Through determination and diligence, the home sourced the treatment in London and supported the person and their family member throughout the whole process. The persons eyesight had improved dramatically, she now continues with all her daily routines independently and enjoys her word searches, puzzle books and knitting. The deputy told us, "She now has a much more fulfilled life than before, all of us are very proud of the incredible care we gave".

One person was admitted with dementia and depression, they were in extreme low mood, had no appetite, eating and drinking very little and losing weight which was 39.8 kilograms on admission. The deputy told us, "Following a robust assessment and constant evaluation and review their health began to improve, after 11 months their weight had increased to 56.6 Kg. They can now walk small distances without support and is extremely happy to join in all social activities. She is now mentally and physically stable due to the great compassionate care received from the Heathers. She has always enjoyed singing and dancing and now has enough energy and confidence to get up and dance, we have sourced a guitarist that comes in regularly to play her favourite songs. She told the staff, that she loved dancing and she hadn't danced like this for years. The family have expressed gratefulness to all the staff and stated that prior to admission all their loved one did was sleep all day, she now has her life back carrying out and enjoying hobbies independently".

Another success story this year included a lady who had moved to The Heathers in very poor health. The registered manager and deputy had assessed them prior to moving in and was told the person was not mobilising, they had lost weight, their physical and mental health was poor and they were requiring end of life care and support. Since their admission to the home in March and with 'studious nursing and care interventions' the deputy told us, "This lady is now mobilising with a walking aid and support from a carer, they have gained 5kg in weight since admission and there has been a remarkable improvement in their physical and mental health. This is very much apparent to see when she has since started participating in social activities as well". We saw a written comment from the family in the home's compliments book. They wrote, "We cannot believe aunty is walking now. She was dying whilst at the other nursing home. All improvements have happened only because she is here at The Heathers".

People were offered and provided with a range of activities, outings and things of interest. They handpicked what they liked to do or take part in. Activities were always included on the agenda at the 'residents' meetings. They took ownership about preferred interests and hobbies and were encouraged to express, discuss and share new ideas. Examples were shared with us. One person used to live in the countryside near Oldbury on Severn. When staff were looking through some photos of the area the person said they would like to visit there because they missed it so much. This was discussed with the activity coordinator who planned a trip for her to visit places from her past and the local pub. The registered manager and deputy told us, "It really made her day and she was so content and happy when she saw all the familiar places of where she lived, which brought back happy memories".

One person used to play football for the Bristol Rovers reserves team, they were also the manager of a youth team and remained an avid Bristol Rovers supporter. Staff have planned for him to go back to the football ground and meet some of the current Rovers players. During the FIFA World Cup 2018, they bought him a poster of all the teams and a fixture list so he could follow all of the teams' progress. There was an in-house sweepstake which included anyone who used the service and wanted to be involved. Staff supported him to keep track of all the results from the first match to the final game and presented the winners with their prizes. The person thoroughly enjoyed watching the matches and watching England progress to the semi finals too. He stated, "I never thought I'd see that again I remember England winning in 1966, it brought back many happy memories".

When asked who they would speak to if they were not happy, people said they would either speak to their family or a member of staff. The daily presence of director, registered manager and deputy meant people were seen every day and asked how they were. This approach had helped form relationships with people where they felt confident to express their views. It was evident when we were accompanied around the home that management team knew people well and people were comfortable and relaxed in their company. Small things that had worried people or made them unhappy were documented in the daily records and gave clear accounts of any concerns raised, how they were dealt with and communicated to staff. This information was also shared with staff in shift handovers.

## Is the service well-led?

### Our findings

The Heathers continued to be led by a strong, committed team. The management of the home was overseen by the registered manager, deputy and director. All worked closely together and made day to day decisions in partnership with each other. Both managers and director had now been working together for six years and strong bonds had been forged. Their presence had provided and benefited consistency and continuity to everyone who used the service.

All three led by example and ensured they were visible 'on the floor' assisting with personal care, support at mealtimes and activities, this happened on a daily basis. The deputy worked part shifts and part supernumerary to assist with management duties. Staff had a clear understanding of the structures in place for any reporting and were supported by the management team with any concerns/issues whether related to work or personal. The management's office was based in the main part of the building with an open-door policy and ensured there was transparency and openness where residents, staff and families could discuss any concerns at any time.

Systems in place contributed to the smooth, effective operation of the service whilst still retaining its personalisation. This was a small service with a strong steadfast team, it felt inclusive and seamless. It was evident that the achievements were not down to one individual but had been achieved collectively with the involvement of the whole team.

Staff were extremely satisfied working at the home, they were loyal and fully committed and this was reflected in their attitudes and integrity during the inspection. Comments included, "I work here because of the management, they make it the home it is", "The management are brilliant, so approachable and they listen", "The managers lead by example and I have full respect for them being involved in caring for residents and ourselves", and "The managers are all wonderful, they are supportive on a professional and personal level". One staff member told us how the managers and staff had supported them to improve their English language and how this had led to commencing a level 3 care qualification. She told us, "I am proud of myself and they believed in me. They continue to encourage me, I am so happy to be here".

The PIR stated, "Management have a wide variety of knowledge and experience working in care home settings. We have clear visions and values and share these with all staff. We ensure the home has a positive, friendly family feel, where staff are valued, residents enjoy themselves and visitors feel welcome".

The service promoted and encouraged open communication amongst everyone who used the service. There were good relationships between people, relatives and staff, and this supported effective communication on a day to day basis. Other methods of communication included planned meetings. The minutes of the meetings gave details about what was discussed and provided information of any action that was required. The minutes reflected meetings that were effective, meaningful and enjoyed.

There were various systems in place to ensure services were reviewed and audited to monitor the quality of the services provided. Regular audits were carried out in the service including health and safety,



environment, care documentation, staffing levels, training, staff supervision and medication. Action plans were developed with any improvements/changes that were required. The audits lent themselves to a robust quality assurance process and reflected interactive engagement with people, relatives and staff. Recommendations and feedback was documented and followed up by the registered manager and deputy.

The registered manager, deputy and senior staff knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service. CQC had received notifications from the provider in the 12 months prior to this inspection. These had all given sufficient detail and were all submitted promptly and appropriately. We used this information to monitor the service and ensure they responded appropriately to keep people safe and meet their responsibilities as a service provider.