

The Orders Of St. John Care Trust

OSJCT Townsend 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 

Overall summary

This inspection took place on 9 July 2015. It was an unannounced inspection. At the last inspection on 26 January 2015 we asked the provider to take action to make improvements relating to people's care needs, monitoring the quality of service, supporting people to eat and drink, people's medicines, treating people with respect, staffing levels, supporting staff, records, and safety and maintenance of the premises. The provider sent us an action plan. At this inspection we found action had been completed and improvements made.

Townsend House is a care home without nursing in Oxford. The home cares for up to 45 older people. The home is run by the Orders of St. John Care Trust. On the day of our inspection 39 people lived at the home.

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

Summary of findings

People told us they were cared for by staff who knew their needs. Comments included; “They know what they are doing, no problem” and “They meet my needs perfectly. The carers know just how to help me”. Staff had received training and support to meet people’s needs.

Staff understood the needs of people, particularly those living with dementia, and they provided care with kindness and compassion. People spoke positively about the home and the care they received. They told us how staff took time to talk with them and provide activities such as and arts and crafts, games and religious services.

People were safe. Staff had received regular training to make sure they stayed up to date with recognising and reporting safety concerns. The service reported concerns appropriately and ensured action was taken to protect people.

People received their medicines safely, as prescribed. Staff carried out appropriate checks before administering medicines in a sensitive and discreet fashion. Records were accurately maintained and all medicines were stored safely and securely.

Where risks to people had been identified risk assessments were in place and action had been taken to

reduce the risks. Staff were aware of people’s needs and followed guidance to keep them safe. For example, in relation to pressure damage or weight loss. This promoted people’s health and wellbeing.

The registered manager and staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA) which governs decision making on behalf of adults who may not be able to make particular decisions themselves. People’s capacity to make decisions was regularly assessed and staff demonstrated their understanding of the act in their day to day duties.

People told us they were confident they would be listened to and action would be taken if they complained or raised concerns. The service had systems to assess the quality of the service provided in the home and learning was identified and action taken to make improvements. This improved people’s safety and quality of life.

All staff spoke positively about the support they received from the registered manager. Staff told us they were approachable and there was a good level of communication within the home. People knew the registered manager and spoke to them openly and with confidence. The registered manager was visible about the home and spoke with people in a caring, familiar fashion.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. People told us they felt safe. Staff knew how to identify and raise concerns if they suspected abuse.

There were sufficient staff on duty to meet people's needs.

People received their medicines as prescribed. Staff carried out appropriate checks before administering medicines.

Good



Is the service effective?

The service was effective. Staff had the training, skills and support to care for people. Staff spoke positively of the support they received.

People had sufficient amounts to eat and drink. People received support with eating and drinking where needed.

The service worked with health professionals to ensure people's physical and mental health needs were maintained.

Good



Is the service caring?

The service was caring. Staff were kind and respectful and treated people and their relatives with dignity and respect.

People's preferences regarding their daily care and support were respected.

Staff gave people the time to express their wishes and respected the decisions they made.

Good



Is the service responsive?

The service was responsive. People knew how to raise concerns and were confident they would be listened to and action taken.

People and their relative's views were sought frequently. Meetings were conducted with people to discuss changes in the home and to seek their feedback and suggestions were acted upon

There were a range of activities for people to engage in, tailored to people's preferences.

Good



Is the service well-led?

The service was well led. The registered manager conducted regular audits to monitor the quality of service. Learning from these audits was used to make improvements.

There was a whistle blowing policy in place that was available to staff around the home. Staff knew how to raise concerns.

The home had a culture of openness and honesty where people came first. The registered managers vision reflected this.

Good



OSJCT Townsend 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.

This inspection took place on the 9 July 2015. It was an unannounced inspection. This inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We spoke with 11 people, four relatives, seven care staff, the chef, the activities coordinator and the registered manager. We looked at eight people's care records, medicine and administration records. We also looked at a

range of records relating to the management of the home. The methods we used to gather information included pathway tracking, which is capturing the experiences of a sample of people by following a person's route through the service and getting their views on it, observation and Short Observational Framework for Inspection (SOFI). SOFI provides a framework for directly observing and reporting on the quality of care experienced by people who cannot describe this themselves.

Before the visit we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. A notification is information about important events which the provider is required to tell us about in law.

In addition, we reviewed the information we held about the home and contacted the commissioners of the service and the care home support service to obtain their views. The care home support service provides specialist advice and guidance to improve the care people receive.

Is the service safe?

Our findings

At our inspection on 26 January 2015 we found people did not always receive their medicines as prescribed because appropriate arrangements were not in place for obtaining and recording of medicines. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds with Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In January 2015 the service did not deploy staff in a way that met people's needs. This was a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds with Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In January 2015 "Effective measures were not in place to reduce risks associated with the environment that could cause people harm". Carpets in some areas were frayed and presented a trip hazard. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

In January 2015 staff did not always follow guidance to reduce the risk where people presented behaviours that may challenge. This was a breach of Regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Following our inspection in January 2015 we asked the provider to send us a plan outlining what actions they would take to bring the service up to the required standard.

At this inspection in July 2015 we found the service had taken action to address the concerns in all of the areas outlined above.

People told us they felt safe. Comments included; "Wonderful here! I feel safe and the staff do their best. I've been here over nine years so I should know", "It has a good feel here. I feel safe and sound because people look after me very well" and "Oh it's so lovely and safe. So lucky that people take so much trouble". One relative said "I know that when I am not here they will be safe and that they will phone me if there are any issues"

People were supported by staff who could explain how they would recognise and report abuse. Staff told us they would report concerns immediately to their manager or senior person on duty. Staff were also aware they could

report externally if needed. One said "I'd speak to senior staff and the manager. I can also report to the local authorities". Records confirmed the service notified the appropriate authorities with any concerns.

Risks to people were managed and reviewed. Where people were identified as being at risk, assessments were in place and action had been taken to reduce the risks. For example, one person could become anxious and present behaviours that could challenge. The risk assessment identified triggers to this behaviour and risk reduction measures for staff to follow. We saw the person becoming anxious and a member of staff immediately sat with the person calming them. They then gave the person a bowl of breakfast cereal, in line with the guidance. Staff told us "We give them cereal as it seems to calm them and it's what they want".

Another person was at risk of falls. Their personal goal was to 'continue to be safe while transferring'. Clear guidance on how to support this person was provided for staff. For example, 'two care staff to transfer using a full hoist with green banded sling'. Staff were also advised to talk to the person and reassure them during transfers. Staff were aware and followed this guidance. Other risks covered included nutrition, mental state, communications and pressure care. All risk assessments were regularly reviewed.

There were sufficient staff on duty to meet people's needs. The registered manager told us staffing levels were set by the "dependency needs of our residents". During the day we observed staff were not rushed in their duties and had time to chat with people and engage them in activities. People were assisted promptly when they called for help using the call bell.

People told us staff were deployed in a way that supported them. One person said "If I need someone there's always somebody about. If I use my call buzzer in my room I don't have to wait very long". Staff echoed people's opinion. One said "Staffing levels have improved". Another told us how increased staffing levels had improved the service. They said "Staffing is at the right level. We can find time to sit with residents. People with dementia are much happier. We can do more individual activities".

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked

Is the service safe?

unsupervised at the home. These included employment references and Disclosure and Barring Service checks. These checks identify if prospective staff were of good character and were suitable for their role.

People were given their medicines when they needed them. Medicines were stored and administered safely. Some people had been assessed to be able to administer their own medicines. They had risk assessments in place and staff supported them to maintain their independence in this area. There was accurate recording of the administration of medicines. Medicine administration records (MAR) were completed to show when medication had been given or if not taken the reason why. Systems were in place to ensure people did not run out of medicines.

Improvements had been made to the home to reduce environmental risks. New carpets had been laid in the home and new fire doors were waiting to be installed. The new carpet had reduced the risk of trip hazards and gave the home a more homely feel. Since our last inspection the redecoration of the home had been completed. People benefitted from a safe, interesting and stimulating environment. People were able to walk safely and freely around the home. Rooms that had previously been used to store furniture were now free from clutter and were decorated and furnished in a welcoming and comfortable way. This meant there were several rooms and themed areas, which now gave people a choice of where to spend their time safely. Any quotes from people? Interesting is a bit subjective?

Is the service effective?

Our findings

At our inspection on 26 January 2015 we found people were not always cared for by suitably skilled staff who had kept up to date with current best practice. Staff were not supported to improve the quality of care they delivered through a supervision and appraisal process. These issues were a breach of Regulation 23 Health and Social Care 2008 (Regulated Activities) Regulations 2010.

In January 2015 people did not always receive effective support in relation to pressure care or weight loss. These issues were a breach of Regulation 9, Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

In January 2015 people were not always supported effectively to eat and drink. This was a breach of Regulation 14, Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Following our inspection in January 2015 we asked the provider to send us a plan outlining what actions they would take to bring the service up to the required standard.

At this inspection in July 2015 we found the service had taken action to address the concerns outlined above.

People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. People told us that they had confidence in the people that provided care. Comments included; “They know what they are doing, no problem” and “They meet my needs perfectly. The carers know just how to help me”. Staff told us they received an induction and completed training when they started working at the service. Induction training included fire, moving and handling, infection control and dementia care. Further training was also available to staff. For example, fire marshal and falls prevention. Staff comments included; “We are being shown how to do things, that’s improved” and “There’s been lots of training”.

Staff told us, and records confirmed they had effective support. Staff received regular supervision and appraisals. Records showed staff had access to development opportunities. Staff told us they found the supervision meetings useful and supportive. Staff comments included; “I completed my basic training before coming here and I am booked on to a number of more advanced training courses”, “Staff Morale is better”, “I was pulling my hair out before but now I love coming to work again”, “Care staff are

working together now” and “We are much more supported. We can go and talk to the registered manager and head of care. They listen to us and what we are saying about residents”.

The training plan showed the service had embarked upon a training programme covering the Mental Capacity Act (MCA). At the time of our inspection 35% of staff had been trained and the rest had training dates booked. Staff understood the principles of the MCA and applied them when they supported people. We discussed the Mental Capacity Act (MCA) 2005 with the registered manager. The MCA protects the rights of people who may not be able to make particular decisions themselves. The registered manager was knowledgeable about how to ensure the rights of people who lacked capacity were protected.

At the time of our visit two people were subject to a Deprivation of Liberty Safeguards (DoLS) authorisation. These safeguards protect the rights of people by ensuring that if there are any restrictions to their freedom and liberty these have been authorised by the supervisory body as being required to protect the person from harm in the least restrictive way. One person had been assessed as lacking the capacity to make a certain decision in relation to their safety. Their best interests had been considered and the supervisory body had authorised the application. The person, their family, GP and social worker had all been involved in the application.

People were supported to maintain good health. Various professionals were involved in assessing, planning and evaluating people’s care and treatment. These included the GP, Care Home Support Service, Speech and Language Therapist (SALT), district nurse and physiotherapist. We spoke with a healthcare professional who said “I think it is a really good home. I get good, timely referrals and they follow guidance they don’t make assumptions”. Visits by healthcare professionals, assessments and referrals were all recorded in people’s care plans. Where people were at risk of weight loss or pressure damage referrals to healthcare professionals had been made and guidance was being followed.

People had sufficient to eat and drink. Where people needed assistance with eating and drinking they were supported appropriately. Staff were patient and caring, offering choices and providing support in a discreet and personal fashion. Picture menus were provided weekly and

Is the service effective?

staff helped people choose what to eat. People were also shown their meals so they could decide what to eat on the day. Where people required special diets, for example, pureed or fortified meals, these were provided.

People told us they liked the food. Comments included; “We get very good food here. Personally, I have never had a meal that I haven’t eaten”, “We get two choices of food every meal but if you don’t like what is on offer then the Chef will make you something else”, “Good tasty meals. We can have more if you want it. Very lucky with the food here” and “No complaints about the food it is very nice”. Meals were served hot from the kitchen and looked home made, wholesome and appetising. People who were unable to

leave or chose to eat in their rooms were supported during lunchtime. Hot meals were brought up to them on a heated trolley by a designated carer who served the meal and then remained to support people. Snacks and hot and cold drinks were provided at regular intervals throughout the day and people told us that if they want a snack or a hot drink then staff will get them what they ask for.

Staff demonstrated a good understanding about how to ensure people were able to consent to care tasks and make choices and decisions about their care. Throughout our visit we saw staff offering people choices, giving them time to make a preference and respecting their choice.

Is the service caring?

Our findings

At our inspection January 2015, we found people were not always treated in a respectful way and people's preferences were not always respected. These issues were a breach of Regulation 17, Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We asked the provider to send us a plan outlining what actions they would take to bring the service up to the required standard.

At this inspection in July 2015 we found the service had taken action to address the above areas of concern. People told us they enjoyed living at the home and benefitted from caring relationships with the staff. Comments included; "The carers are very good. They help me in and out of bed. They are careful and so kind", "The staff are really caring here. I've no worries about ill-treatment or anything else" and "Oh yes very caring people. I am looked after well". One relative said "The care is wonderful. Since we came in here we've had nothing but good care".

Staff took time to care for people at a personal level. For example, One person loved having their nails painted. A staff member was sitting, talking with them and painting a design on their nails. The person was so pleased and had a great smile on their face. One person told us about the caring relationships they had with staff. They said "I love flowers. The staff gave me that Orchid for my 101st Birthday. I love it here".

People were cared for by staff were knowledgeable about the care they required and the things that were important to them in their lives. Staff spoke with people about their careers, family and where they had lived. One person had owned a shop and staff were able to chat with them about their experiences. Care plans provided staff with details of people's needs and preferences. For example, one person had stated they were religious and used to teach in a

Sunday school. The person wanted to attend religious services. The plan stated 'please advise me when there are services in the home'. Daily notes evidenced this person regularly attended religious services.

Throughout our visit we saw people were treated in a caring and kind way. The staff were friendly, polite and respectful when providing support to people. Staff took time to speak with people as they supported them. For example, two people were supported to spend time in the garden. The member of staff sat with them and chatted about the fine weather and how nice it would be to be at the seaside. They then left but returned a few minutes later with drinks for both people. While the people were in the garden the member of staff visited them every 10 to 15 minutes to see if they needed any other support.

We observed staff communicating with people in a patient and caring way, offering choices and involving people in the decisions about their care. For example, at lunchtime we saw people's preferences of what to eat and drink were respected. One person told us how their preferences were respected. They said "I can go to bed anytime I like and choose when I get up".

People's dignity and privacy were respected. We saw staff knocked on doors that were closed before entering people's rooms. Where they were providing personal care people's doors were closed and curtains drawn. This promoted their dignity. We saw how staff spoke to people with respect using the person's preferred name. When staff spoke about people to us or amongst themselves they were respectful. Language used in care plans was respectful and appropriate.

Some people had advanced care plans which detailed their wishes for when they approached end of life. For example, one person, who had no relatives, wanted to be cared for in the home without hospitalisation. They had stated their funeral and service preferences. Staff were aware of this person's advanced plan.

Is the service responsive?

Our findings

At our inspection January 2015, we found some people were at risk of receiving inappropriate care because records relating to their care were not accurate. This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

In January 2015 people's care plans did not always provide sufficient instruction to staff on how to support people. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Following our inspection in January 2015 we asked the provider to send us a plan outlining what actions they would take to bring the service up to the required standard.

At this inspection in July 2015 we found the service had taken action to address the above areas of concern..

People's needs were assessed prior to admission to the service to ensure their needs could be met. People had been involved in their assessment. Care records contained details of people's personal histories, likes, dislikes and preferences and included people's preferred names, interests, hobbies and religious needs. Care plans were detailed, personalised, and were reviewed regularly.

People's care records contained detailed information about their health and social care needs. They reflected how each person wished to receive their care and gave guidance to staff on how best to support people. Care plans and risk assessments were reviewed to reflect people's changing needs. Staff completed other records that supported the delivery of care. For example, food and fluid charts. These were fully completed and reviewed at the end of every day. Where people had cream charts to record the application of topical creams applied a body map was in use to inform staff where the cream should be applied. Staff signed to show when they had applied the cream and there was a clear record of the care being carried out.

People told us they were involved in planning their care. Comments included; "I did get involved with my care plan. They give me what I want" and "I am consulted all the way through so I'm fully in touch with what is happening". One relative said "I know what is happening to them and if anything changes then they are straight on the phone to me".

People received personalised care. One person who was living with dementia lost weight because they had lost interest in the food. There was a plan in place to manage their weight loss and they had been reviewed by their GP to rule out a medical reason for the weight loss. Staff had identified this person had enjoyed attending and hosting dinner parties when they were younger and that simulating a dinner party was an effective way to help them eat. On the day of the inspection this person did not want to eat their meal in the dining room and expressed a preference to stay in the lounge. Staff set their chair side table with a cloth and cutlery. Two members of staff sat with this person and ate their own lunch. They engaged the person in general conversation, but also spoke about the food to draw the person's attention back to their meal.

One person was very frail, had lost weight and had been referred to their GP. They were monitored and weighed monthly, however they continued to lose weight. The service made a further referral to the care home support service who assessed the person and advised a fortified diet with regular high calorie snacks. Monitoring was increased and the person weighed weekly. Guidance was being followed but because of the person's medical condition they continued to slowly lose weight. Staff were aware and continued to closely monitor this person.

People were offered a range of activities including games, quizzes, bowling, music and arts and crafts. The activities board advertised forthcoming events and displayed photographs of people enjoying activities and events. For example, birthday parties or visiting musicians. People told us about activities. Comments included; "There is a lot going on here if you want to join in" and "The (activities) Co-ordinator has great enthusiasm and he is brimming with ideas for the future". One relative said "There's far more going on here lately, lots more for people to do".

Activities were tailored to individual's abilities and capacity. A new activity coordinator had been employed at the service but all staff had incorporated activity provision in their daily working practice. This had improved since our last inspection and people that had previously spent most of their time in their rooms were now spending more time in the communal lounge engaged in activity. For example, some people enjoyed watching 'come dine with me'. Staff

Is the service responsive?

asked them if they would like to compete in their own competition. When they agreed each person prepared a course for a dinner party and scored each other. There was a prize for the winner.

We observed people were engaged and stimulated. One staff member told us “Residents are much happier and calmer, hardly ever any angry behaviour now and that’s because we are always doing things they like now and keeping busy”. We also saw people were invited to do activities but if they refused their choice was respected.

The home had a large, well maintained garden area for people to enjoy. Access to the garden was unrestricted and accessible for people who used wheelchairs. Raised flower boxes were available for people who used wheelchairs so they could participate in gardening activities. There was a greenhouse and gardening tools available for people to use. Staff regularly visited the garden to make sure people were safe and to provide support if it was needed.

People knew how to raise concerns and were confident action would be taken. People spoke about an open

culture and told us that they felt that the home is responsive to any concerns raised. People who had had minor complaints said that these had been resolved quickly. The complaints policy was displayed around the home and contained guidance for people on how to complain. There had been no complaints since our last inspection and historical complaints had been dealt with promptly and compassionately. A suggestion and comments box was located in reception. One relative had asked about a person’s missing coat. Records showed this was investigated and the person’s coat was found.

‘Residents’ meetings were held monthly and recorded. People could raise issues or concerns at these meetings. For example, one person had raised the issue of the forthcoming general election and the home organised a visit by two political candidates. The meetings also highlighted and celebrated events. For example, a recent garden trip was discussed and those who took part were thanked for a ‘successful day’.

Is the service well-led?

Our findings

At our inspection January 2015 we found the provider, registered manager and other staff carried out a range of quality monitoring to review the care and treatment offered at the home. However, actions identified from this monitoring were not always carried out. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We asked the provider to send us a plan outlining what actions they would take to bring the service up to the required standard. At our inspection in July 2015 we found the service had taken action to address the concerns above..

Regular audits were conducted to monitor the quality of service and learning from these audits was fed back to staff to make improvements. For example, one audit identified issues with medicine and the pharmacy. Following analysis and investigation the service changed their pharmacy provider to resolve the issues. Another audit identified gaps in staff training and a training plan was produced. The plan highlighted individual staff training in key areas and was regularly updated to show progress. Where training had not yet been completed we saw sessions and events had been booked.

Accidents and incidents were recorded and investigated. The registered manager analysed information from the investigations to improve the service. For example, two people fell in the garden. Following an investigation a new concrete path was built to ensure people could walk safely. Falls were also reviewed across the service to look for patterns or trends. The provider sent bulletins to the service to allow the registered manager to share learning. 'Serious incident learning' was shared at staff meetings to enable staff to learn from incidents that occurred in other trust homes. For example, one home had an external cigarette disposal box catch fire. Learning was shared and the registered manager took action to prevent a similar incident occurring at the home.

People told us they knew who the registered manager was and found them friendly and approachable. Comments included; "The home has a warm friendly atmosphere. This is in no small part due to the manager" and "I know the manager, she is always out and about". Staff told us the manager was approachable and supportive. One said "The

manager is supportive and interested in our career development" and was fully supportive of them. A healthcare professional we spoke with said "They have created a very open and honest atmosphere at the home".

The registered manager had empowered staff by appointing lead roles. These staff became a point of contact for people and other staff in relation to their speciality. These included dementia, dignity, nutrition and medicines. Staff were receiving extra training allowing them to be a point of reference for other staff and give them oversight of their area. One member of staff said "This has made me feel valued and supported by my manager".

The registered manager had introduced 'reflective meetings'. This allowed staff the opportunity to discuss and reflect on incidents or events that happened in the home. For example, the death of a person. The registered manager said "This allows staff to express any feeling or concerns they may have and gives them an opportunity to share as a staff group".

The registered manager had a vision for the service. They said "I want to make this the best home for people to receive the best care. To do this I must stay here for the longer term and see it through. I have been telling my staff I am not going anywhere and I think that message is getting through".

There was a whistle blowing policy in place that was available to staff around the home. The policy contained the contact details of relevant authorities for staff to call if they had concerns. Staff were aware of the whistle blowing policy and said that they would have no hesitation in using it if they saw or suspected anything inappropriate was happening. Records showed the whistle blowing process was discussed at staff meetings.

The service worked in partnership with visiting agencies and had strong links with GPs, the pharmacist, district nurse and Care Home Support Service. One healthcare professional we spoke with said "It is a very well run home with good, competent staff. We have monthly meetings to discuss care and so I've no concerns".

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager of the home had informed the CQC of reportable events.