

Perpetual (Bolton) Limited

Higher Cockham Farm

Inspection report

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21 April 2017

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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

We carried out an inspection of Higher Cockham Farm on 20 and 21 April 2017. The first day of the inspection was unannounced.

Higher Cockham Farm is registered to provide accommodation and nursing care for up to six people with mental ill health. The home is set in its own grounds in a rural position off a main road. Accommodation is provided in six single rooms. Shared space including a dining kitchen and living room is available on the ground floor.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers ('the provider'), 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.

At our last inspection on 10 and 11 May 2016, we asked the provider to make improvements to the management of medicines and ensure people were fully involved in the care planning process. The home was awarded an overall rating of requires improvement. Following the inspection, the provider sent us an action plan which set out what action they intended to take to improve the service. During this inspection, we found improvements had been made in order to meet the regulations.

Safeguarding adults' procedures were in place and staff understood how to protect people from abuse. Risks associated with people's care were identified, assessed and recorded. There was a whistle-blowing procedure available and staff said they would use it if they needed to. Safe staff recruitment procedures were in place which ensured only those staff suitable for the role were in post. People's medicines were managed appropriately and people received their medicines as prescribed by health care professionals.

Staff had completed an induction programme when they started work and they were up to date with the provider's mandatory training. The registered manager and staff understood the main principles of the Mental Capacity Act 2005 (MCA). There were appropriate arrangements in place to support people to have a varied and healthy diet. People had access to a GP and other health care professionals when they needed them.

Staff treated people in a respectful and dignified manner and people's privacy was respected. People were involved in the development and review of their care plans. This meant people were able to influence the delivery of their care and staff had up to date information about people's needs and wishes. We observed people were happy, comfortable and relaxed with staff. Care plans and risk assessments provided guidance for staff on how to meet people's needs and were reviewed regularly. People were encouraged to build their independence skills and were supported to participate in a variety of daily activities.

The complaints procedure provided information on the action to take if a person wished to raise any

concerns. People were aware of the complaints procedure and processes and were confident they would be listened to.

Systems were in place to monitor the quality of the service provided and ensure people received safe and effective care. The registered manager took into account people's views about the quality of care provided through discussion and meetings. The registered manager used the feedback to make on-going improvements to 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.

Staff knew how to recognise and report any concerns to keep people safe from harm.

People's risk assessments were reviewed and updated to take account of changes in their needs.

There were sufficient staff to meet people's care and support needs.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

Staff were appropriately supported by the registered manager and team leader to carry out their roles effectively by means of relevant training, regular supervision and an annual appraisal.

Staff understood the main provisions of the Mental Capacity Act 2005 and how it applied to people living in the home.

People were supported to have a sufficient amount to eat and drink. People received care and support which assisted them to maintain their health.

Is the service caring?

Good ●

The service was caring.

Staff provided care and support in a warm and friendly way.

Staff encouraged people to maintain their independence and to exercise choice and control over their lives.

People were treated with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and care was planned and delivered in line with their individual support plan.

People had the opportunity to participate in a range of appropriate activities.

People had access to information about how to complain and were confident that any complaints would be listened to and acted upon.

Is the service well-led?

Good ●

The service was well led.

There were systems in place to monitor the quality of the service, which included regular audits and feedback from people living in the home. Appropriate action plans had been devised to address any shortfalls and areas of development.

Higher Cockham Farm

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider 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.

We visited Higher Cockham Farm on 20 and 21 April 2017. The inspection was carried out by one adult social care inspector and the first day was unannounced.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the home, what the home does well and improvements they plan to make. The provider returned the PIR within the agreed timeframe and we took the information provided into account when we made the judgements in this report.

In preparation for our visit, we also reviewed information that we held about the home such as notifications (events which happened in the home that the provider is required to tell us about) and information that had been sent to us by other agencies.

During our inspection visit, we spent time observing how staff provided support for people to help us better understand their experiences of the care they received. We spoke with five people living in the home, two visitors, four members of staff, the provider's clinical lead, the team leader and the registered manager.

We looked at a range of documents and written records including four people's care records, two staff recruitment files and staff training records. We also looked at information relating to the administration of medicines, a sample of policies and procedures, meeting minutes and records relating to the auditing and monitoring of service provision.

Is the service safe?

Our findings

All people spoken with told us they felt safe and secure in the home. One person said, "I feel safe because the staff are very nice and friendly" and another person commented, "The staff are there for me all the time." Similarly visitors spoken with expressed satisfaction with the service and told us they had no concerns about the safety of their friend. One visitor said, "We feel the staff look after [friend] very well."

At our last inspection in May 2016, we found the provider had failed to protect people against the risks associated with the unsafe use and management of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection, the provider sent us an action plan and told us what action they intended to take to ensure the regulation was met. At this inspection, we found the necessary improvements had been made.

We found appropriate arrangements were in place in relation to the safe storage, receipt, administration and disposal of medicines. People's medicines were administered at designated times to ensure there was sufficient time between doses. All people spoken with were happy with this arrangement.

Since our last inspection, a dedicated medicines room had been created off the kitchen to provide appropriate storage. A monitored dosage system of medicines was being used. This was a storage device designed to simplify the administration of medicines by placing the medicines in separate compartments according to the time of day. Staff designated to administer medicines had completed a safe handling of medicines course and had undertaken a competency test to ensure they were proficient at this task. We saw staff had access to a full set of policies and procedures which were readily available for reference in the policy and procedure file.

We looked at people's medicine administration records and noted the records were accurate, clear and up to date. Medicines were clearly labelled and the team leader had colour coded the records according to the time of day. Where medicines were to be taken "when required" or "as needed" we found staff had been given sufficient information to administer these medicines safely, consistently and in a way that met people's individual needs and preferences. Systems were in place to regularly check the amounts of medicines. Audits of medicine management had also been carried out which helped reduce the risk of any errors going unnoticed and enabled staff to take the necessary action.

Whilst there were no controlled drugs on the premises at the time of the inspection, suitable arrangements were in place in the event such drugs were to be prescribed. Controlled medicines are more liable to misuse and therefore need close monitoring.

People told us the provider employed sufficient staff to keep them safe and meet their care and support needs in a timely way. For example, one person told us, "I think there is plenty of staff on duty. If I need to talk to staff they will always take time out to speak to me." The home had a rota which indicated which staff were on duty during the day and night. We saw this was updated and changed in response to staff absence. The staffing rotas confirmed staffing levels were consistent across the week. The registered manager told us

the staffing rotas were flexible and extra staff were deployed should a person become unwell and require additional support. We noted there were enough staff available during our inspection to meet people's needs.

The registered manager or team leader was on call when they were not on the premises. This meant the staff had access to support and advice whenever necessary.

Staff recruitment records provided assurance that appropriate pre-employment checks had been satisfactorily completed. These checks included a record of staffs' previous employment history, references from previous employment, their fitness to do the job safely and an enhanced criminal records check. Staff told us about their recruitment and the documents they had to supply. This meant the registered manager only employed staff after all the required and essential recruitment checks had been completed. We found the provider's recruitment and selection policy met the requirements of the current regulations.

The provider had taken suitable steps to ensure staff knew how to keep people safe and protect them from abuse. We found the staff understood their role in safeguarding people from harm. They were able to describe the different types of abuse and actions they would take if they became aware of any incidents. All staff spoken with said they would not hesitate to report any concerns to the registered manager and / or the local authority. Staff had received training in this area and policies and procedures were in place to provide them with guidance if necessary. Staff told us they had also received additional training on how to keep people safe which included fire safety, infection control and first aid. The registered manager was aware of his responsibility to report issues relating to safeguarding to the local authority and the Care Quality Commission.

The provider had a whistleblowing policy. Staff knew they had a responsibility to report poor practice and were aware of who to contact if they had concerns about the management or operation of the service.

We found a safe system was in place to support people with managing their finances. People told us they were satisfied with the arrangements in place. One person told us, "I've agreed a plan for my money and I'm happy to stick to it." There were records of all financial transactions and the staff obtained receipts as appropriate. We looked at two people's financial records. We noted clear records were maintained of any transactions and receipts were obtained where necessary.

Risks to individuals and the service were assessed and managed. This helped to protect people's safety and rights to freedom and independence. We found individual risks had been assessed and recorded in people's care plans and management strategies had been drawn up to provide staff with guidance on how to manage risks in a consistent manner. Examples of risk assessments included personal hygiene, self-care, physical health, self-harm and mental health relapse. Records showed the risk assessments were reviewed and updated on a regular basis to ensure they reflected people's current needs and wishes. We noted general service level risks had also been carried out including the risks associated with the environment, fire and the use of hazardous substances. These were updated on an annual basis unless there was a change of circumstances.

Following an accident or incident, a form was completed and details were added to an overall log. The registered manager investigated the circumstances of any incidents or accidents and carried out the necessary actions to minimise the risk of a reoccurrence. For instance, one person slipped on the kitchen floor and in response a new non-slip floor covering was installed.

People were supported in an environment where appropriate health and safety checks were regularly

carried out. Gas, electric and water services were maintained and checked to ensure that they were functioning appropriately and were safe to use. A fire risk assessment was in place and staff were aware of the evacuation process and the procedure to follow in an emergency. We saw records to indicate fire drills were carried out on a regular basis. However, we noted individual personal emergency evacuation plans (PEEPs) had not been carried out. These are important to set out people's individual needs in the event of an emergency evacuation of the home. The registered manager gave us assurances that the PEEPs would be developed.

The provider had arrangements in place for ongoing maintenance and repairs to the building. Since the last inspection, the lane leading up to the home had been resurfaced, a new kitchen had been installed and the home had been redecorated.

Is the service effective?

Our findings

People received effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities. People were happy with the care they received and told us that it met their needs. One person said, "The staff are good at their job and are very supportive" and another person commented, "The staff are really nice. They are always there if I need them."

Staff demonstrated an awareness of the principles of the Mental Capacity Act 2005 (MCA) and had received appropriate training. 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.

We looked at people's care plans and noted all people were deemed to have the mental capacity to make decisions about their care. However, from the records seen this issue had not been considered as part of the pre admission assessment. It was therefore unclear how people's capacity was assessed and determined. The registered manager assured us appropriate documentation would be added to the pre admission assessment and care plans. People spoken with confirmed they were involved in all decisions about their care and were free to live their lives without unnecessary restrictions in place. One person told us, "It's me who chooses everything and the staff support me" and another person commented, "I can go out whenever I want. Staff will always take me to the bus stop if I want them to."

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA 2005. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA 2005, and whether any conditions on authorisations to deprive a person of their liberty were being met.

At the time of the inspection, none of the people living in the home required a DoLS, however the registered manager was aware of the application process and when an application should be made to the local authority.

We looked at how the provider trained and supported their staff. Staff at the home showed a commitment to learning. Staff spoken with were keen to increase their knowledge and improve their understanding, in order to provide the best quality of care for people as possible. New members of staff participated in a structured induction programme which included a period of shadowing experienced colleagues before they started to work as a full member of the team. The induction training included an initial orientation induction, familiarisation with the provider's policies and procedures, the provider's mandatory training and the Care Certificate. The Care Certificate aims to equip health and social care workers with the knowledge and skills which they need to provide safe, compassionate care. We saw one member of staff's work on the Care Certificate during the inspection. The registered manager explained that all existing staff were expected

to complete the Care Certificate.

The team leader maintained a record of each staff member's training requirements. We noted a range of refresher courses was facilitated by the company's nurse, including health and safety, medicines, MCA 2005, fire safety, mental health awareness, fluids and nutrition, safeguarding vulnerable adults and infection control. In addition, staff undertook specialist training in therapeutic crisis intervention, self-harm awareness and ligature training. The training was delivered face to face in a classroom environment. We noted staff attended a training course during the inspection. All staff spoken with confirmed their training was useful and beneficial to their role.

Staff spoken with told us they were provided with regular one to one supervision with the team leader. Supervision provided staff with the opportunity to discuss their responsibilities and to develop their role. Staff spoken with told us they found the supervision process helpful to them in their work. We saw detailed records of staff supervision during the inspection and noted a wide range of topics had been discussed. Staff were also invited to attend regular meetings. They told us they could add to the meeting agenda items and discuss any issues relating to people's care and the operation of the home. According to the records seen all staff received an annual appraisal of their work performance, which included the setting of objectives for the forthcoming year.

People were supported to maintain good health and were referred to relevant health professionals when they were unwell and/or needed specialist care and treatment. Records looked at showed us people were registered with a GP and received care and support from a number of other professionals. People's healthcare needs were considered within the care planning process. We noted assessments had been completed on physical and mental health which helped the staff to recognise any signs of deteriorating health. From our discussions and review of records we found the staff had developed good links with health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care. Staff completed daily care notes about people's needs including their health.

We noted a hospital passport had been developed with each person to be used in the event they were admitted to hospital. This was designed to provide medical staff with important information about the person's needs and preferences.

The company's nurse visited the home once a week and spoke with all people living in the home. During her visit the nurse completed general health observations including weight and blood pressure checks and administered injectable drugs as necessary.

We found people's nutritional needs and preferences were recorded in their care plan. Staff spoken with had knowledge and understanding of people's individual nutritional needs. People had been consulted about the menu, which was displayed in the dining room. Once a week, people were supported to pick a meal of their choice to cook for everyone living in the home. People were involved in the shopping, preparation and serving of food. Alternatives were available to the main menu on request. People were supported and encouraged to choose healthy options and have a balanced diet. All people had a lockable cupboard in the kitchen where they could store personal food items.

Is the service caring?

Our findings

People living in the home described the staff as being caring and respectful and were complimentary of the support they received. We saw that staff interacted well with people in a warm and friendly manner and observed that people were comfortable in the presence of all the staff who were supporting them. We observed that staff gave their full attention when people spoke to them and noted that people were listened to properly. One person told us, "The staff are very good. I feel a lot better since moving in here" and another person commented, "The staff are supportive, enthusiastic and we can have a laugh." Visitors spoken with also gave us positive feedback about the service. One visitor said, "The staff are wonderful, very open and friendly."

The visitors confirmed they could visit their friend at any time and told us staff helped them with the transport arrangements.

We observed the home had a friendly and welcoming atmosphere. Staff spoken with understood their role in providing people with compassionate care and support. One member of staff told us, "I really enjoy working here. It's the best place I've worked because people are given a lot of opportunities and choices" and another member of staff commented, "The people are lovely. I enjoy spending time with them." There was a 'keyworker' system in place. This linked people using the service to a named staff member who had responsibilities for overseeing aspects of their care and support. Staff spoken with were knowledgeable about people's individual needs and preferences. They explained how they consulted with people and involved them in making decisions. We observed people being asked for their opinions on various matters and they were routinely involved in day to day decisions.

The registered manager and staff were considerate of people's feelings and welfare. The staff we observed and spoke with knew people well. They understood the way people communicated and this helped them to meet people's individual needs. They also demonstrated a good knowledge and understanding of people's life histories, health conditions and the people and things that were important to them. One person told us, they had recently had some personal difficulties. The person added that a staff member immediately supported them to go out of the home so they were able to freely discuss their concerns in a different environment. The person said the staff member was "Very caring and understanding."

People spent planned one to one time with staff on a weekly basis. This enabled them to discuss activities for the forthcoming week and any worries or concerns.

People told us they were happy with their bedrooms, which they were able to personalise with their own belongings and possessions. This helped to ensure and promote a sense of comfort and familiarity. One person told us, "I like my room. It is nice and cosy and I have everything I need."

We saw people were treated with respect and dignity. For example, staff addressed people with their preferred name and spoke in a kind and respectful way. In addition to responding to people's requests for support, staff spent time chatting with people and interacting socially. People confirmed they could spend

time alone in their rooms if they wished. There were policies and procedures for staff about caring for people in a dignified way. This helped to make sure staff understood how they should respect people's privacy, dignity and confidentiality in a care setting. Whilst people did not require support with personal care, we were assured by the registered manager that staff would provide this support if necessary.

Staff were committed to helping people to build their independence skills and to exercise as much control over their own lives as possible. In talking about their approach a member of staff commented, "We always try to promote independence as people feel much better about themselves." People told us how they had been supported to use the bus independently and were proud of their achievements.

People were encouraged to express their views as part of daily conversations, and meetings. The meetings helped keep people informed of proposed events and gave people the opportunity to be consulted and make shared decisions. People were also fully involved in the care planning process and we saw people had signed their plans to indicate their participation and agreement.

Feedback received by the home highlighted the caring approach taken by staff and the positive relationships staff had established to enable people's needs to be met. We noted one professional had written on a satisfaction survey, "Genuine care for service users' well-being, safety and future direction."

Is the service responsive?

Our findings

People told us the service was responsive to their needs and they were satisfied with the care and support provided by staff. One person told us, "The staff are great. I feel a lot more confident" and another person said, "The staff are always happy, caring and supportive."

At our last inspection in May 2016, we found the provider had failed to ensure people had been given the opportunity to have input into the planning of the care. This was a breach of Regulation 9 the Health and Social Care Act (Regulated Activities) Regulations 2014. Following the inspection, the provider sent us an action plan and told us what action they intended to take to ensure the regulation was met. At this inspection, we found the necessary improvements had been made.

We noted an assessment of needs had been carried out before people moved into the home, which covered all aspects of people's needs. It was evident from our discussions with people and from looking at the completed assessments people had been involved in the process. Following the pre admission assessment consideration was given to whether the person's needs could be met in the home. People considering moving into the service were offered the opportunity to visit to meet other people and experience life in the home.

All people spoken with were familiar with their care plan and confirmed they had discussed their needs and aspirations. We examined four people's care files and other associated documentation. We found each person had a care plan based on the "Mental Health Recovery Star." This is a tool that measures change and supports recovery by providing a map of people's progress. It focused on ten areas of life which were seen as critical to recovery. These included managing mental health, self-care, social networks, responsibilities, trust and hope and identity and self-esteem. People completed the star with the support of the team leader and staff and used it as a way of plotting their progress and planning actions.

People participated in a key working session with their key worker on a weekly basis. This provided people with the opportunity to work on three areas of improvement identified by their recovery star. For instance, we saw one person had completed work sheets aimed at improving their level of self-esteem. The records made of the key working sessions were overseen by the team leader in preparation for the review of the people's recovery star. People also participated in weekly sessions with the nurse either on a group or individual basis. We saw notes of the sessions during the inspection and noted a broad range of topics had been discussed.

We noted there were arrangements in place to review people's care plans and recovery stars every three months, unless people experienced a change of need or circumstance. We saw that any updates to people's support plans had been printed in red ink to alert staff to the changes.

Records were maintained of the contact people had with other services and any recommendations and guidance from healthcare professionals was included in people's care plans. Staff also completed daily records of people's care which provided information about changing needs and any recurring difficulties.

We noted the records were detailed and people's needs were described in respectful and sensitive terms. Since the last inspection, all records of people's care were made on an individual basis.

People spent individual time each week with their key worker to discuss their activities and any issues of concern. This was known as "My time." All people had a weekly structure plan which set out planned activities for the forthcoming week. People confirmed there were sufficient activities to occupy their time. Due to the rural location of the home, there were two company cars available to staff to support people with different activities. In addition to individual activities, people participated in a group activity once a month and a chosen activity with their keyworker. People also had the opportunity to pursue activities inside the home such as bingo, quizzes, baking and pamper evenings.

As part of the care planning process, all people had been encouraged to discuss their aspirations and staff had worked hard to realise people's wishes. As a result, one person told us they were very much looking forward to going to a concert in the Lake District and another person was pleased to tell us about their forthcoming holiday in Barcelona. Apart from one person, all people had chosen to go away with staff on individual holidays. One person also told us they were due to go to a local college to study a variety of courses of their choice. We saw that one person had developed a memory book which included photographs and pictures of important events and things in their life.

Information on how to raise a concern or complaint was provided in the service user guide, which people received before they moved into the home. People told us they would feel confident talking to a member of staff or the registered manager if they had a concern or wished to raise a complaint. Staff confirmed they knew what action to take should someone want to make a complaint and were confident the registered manager would deal with any situation in an appropriate manner.

The service had a policy and procedure for dealing with any complaints or concerns, which included the relevant time scales. We looked at the home's complaints records and noted one complaint had been received since May 2016. We saw the complaint had been investigated and resolved.

Is the service well-led?

Our findings

People and visitors spoken with told us they were satisfied with the service provided and the way it was managed. One person told us, "I think things are managed well at the home" and another person commented, "The management are doing a good job and all runs smoothly." Similarly a visitor spoken with said, "I feel the home is quite efficient."

The service was led by a manager who is registered with the Care Quality Commission. The registered manager had responsibility for the day to day operation of the service and was supported in this role by a team leader. He told us he was committed to continually improving the service. He described his key achievements over the last 12 months as creating opportunities for people to develop their independence skills, the development of the staff team and the improvements made to the environment. The registered manager told us his priorities over the forthcoming 12 months included helping people develop plans to move on towards more independent living in line with their needs and wishes, developing people's opportunities to gain relevant qualifications and skills and further development of the environment. The registered manager had also set out planned improvements for the service in the Provider Information Return. This showed us the registered manager had a good understanding of the service and strove to make continual improvements.

Staff spoken with made positive comments about the management team and the way they managed the home. One staff member told us, "They are approachable and supportive and willing to listen to new ideas." The registered manager operated an "open door" policy which meant that people and members of staff were welcome to go into the office to speak with him at any time.

The registered manager and team leader used various ways to monitor the quality of the service. These included audits of the medicines systems, staff training, infection control and checks on the fire systems. The audits and checks were designed to ensure different aspects of the service were meeting the required standards. Action plans were drawn up to address any shortfalls. The plans were reviewed to ensure appropriate action had been taken and the necessary improvements had been made. We saw a sample of completed audits during the inspection.

The quality assurance systems involved obtaining feedback from people living in the home by means of daily conversations, the support planning process and regular residents' meetings. Commenting on the meetings, one person told us, "We all get together and talk about the home. It's good because we can talk about what we like." We looked the meeting minutes and noted a variety of topics had been discussed including, activities, cleaning and weekly structures. The registered manager assured us a satisfaction survey was due to be carried out in due course.

We noted a satisfaction survey had been distributed to visiting professionals. We looked at two returned questionnaires during the inspection and saw one professional had written, "Staff are particularly enthusiastic and enjoy their work. This is communicated to service users."

We saw there were organisational policies and procedures which set out what was expected of staff when supporting people. Staff had access to these and they were knowledgeable about key policies. The provider's whistleblowing policy supported staff to question practice and assured protection for individual members of staff should they need to raise concerns regarding the practice of others. Staff confirmed they would report any concerns and felt confident the registered manager would take appropriate action.

Whilst all accidents and incidents were recorded on an overall log, a formal analysis of the data had not been carried out in order to identify any patterns or trends. The registered manager assured us an analysis would be carried out on all future accident and incident records.

There were procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as the local authority safeguarding and the Police. Our records showed that the registered manager had appropriately submitted notifications to CQC about incidents that affected people who used services.