Livability

Livability Somerset

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 6 and 8 June 2018 and was announced. This is the first inspection for the provider.

One year ago the provider for the service changed. At this inspection we found there had been a positive feeling about the changes this brought. There was a period of transition occurring whilst the systems changed.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community and specialist housing. It provides a service to older and younger disabled adults including people on the autistic spectrum. At the time of the inspection,13 people were receiving support with intimate care. Others required guidance with medicine administration. There were options to have up to 24-hour support from staff because there were sleep-in facilities in some of the homes.

This service provides care and support to people living in three 'supported living' settings, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Each house had multiple occupation and two houses had the addition of some self-contained flats. Houses in multiple occupation are properties where at least three people in more than one household share toilet, bathroom or kitchen facilities. The people in the flats were able to access support from staff and encouraged to work towards as much independence as possible.

Not everyone using Livability Somerset received a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

"The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen." Registering the Right Support CQC policy

At the time of the inspection there was a registered manager. 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.'

People using the service thought they were kept safe and were comfortable in the presence of staff. Most medicines were managed safely. Improvements could be made for guidance for 'as required' medicines to

ensure consistency. Risk assessments were carried out to enable people to retain their independence and receive care with minimum risk to themselves or others. One person with rapidly changing needs, had not always had guidance for staff updated and training in line with the changes.

The management had developed positive relationships with people. People and their relatives were happy with the support they received. There were enough staff to meet people's needs and recruitment had resolved some recent staff shortages. Inconsistencies were found with staff recruitment. These were resolved during and following the inspection.

People were protected from potential abuse because staff understood how to recognise signs of abuse and knew who to report it to. When there had been accidents or incidents systems were in place to demonstrate lessons learnt and how improvements were made. Staff had been trained in areas to have skills and knowledge required to effectively support people. People told us their healthcare needs were met and staff supported them to see other health professionals

People were supported to have choice and control over their lives and staff supported them in the least restrictive way possible. When people lacked capacity decisions had been made on their behalf following current legislation. Some staff felt they required a little more guidance on more complex decisions. People were supported, when required, to eat a healthy, balanced diet. When specialist diets were required staff liaised with other health professionals.

Care and support was personalised to each person which ensured they were able to make choices about their day to day lives. A range of ways to support people to communicate their wishes was used. Care plans reflected people's needs and wishes and they had been involved where possible. People knew how to complain and were positive their concerns would be resolved in a fair way. There was a system in place to manage them.

People told us, and we observed, that staff were kind and patient. People's privacy and dignity was respected by staff. Their cultural or religious needs were valued within the provider's Christian ethos. People were involved in decisions about the care and support they received. The provider was developing systems to ensure people had a dignified death.

The service was well led and shortfalls identified during the inspection had mainly been identified by the management. There was a proactive approach from management and staff achievements were recognised. The provider had completed some statutory notifications in line with legislation to inform external agencies of significant events. Following the inspection the registered manager resolved any missed notifications.

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.

People had risks of potential abuse or harm minimised because staff understood the correct processes to be followed.

People could expect to receive most of their medicines as they had been prescribed.

People were protected from the risks associated with poor staff recruitment because a recruitment procedure was followed for new staff.

People were protected from risks because most care plans contained guidance for staff and risk assessments were in place.

Is the service effective?

Good

The service was effective

People were supported by staff who had the skills and knowledge to meet most of their needs.

People had decisions made in line with current national guidance.

People had access to medical and community healthcare support.

People's nutritional needs were assessed to make sure they received a diet that met their needs and wishes.

Is the service caring?

Good

The service was caring.

People were able to make choices and staff respected their decisions.

People's privacy and dignity were respected by staff.

People's needs were met by staff who were kind and caring. Staff

respected people's individuality and spoke to them with respect.

People were able to exercise their religious and cultural beliefs

Is the service responsive?

Good

The service was responsive.

People's needs and wishes regarding their care were understood by staff. Care plans contained important information to provide guidance for staff.

People benefitted because staff made efforts to engage with people throughout the day.

People knew how to raise concerns and there was a system in place to manage complaints.

People were beginning to be supported to have a dignified death because the provider was developing systems.

Is the service well-led?

Good

The service was well led.

People were supported by a management who made changes to systems when they identified things could be improved.

People were using a service which had clear scrutiny to ensure they were receiving care and treatment in line with their needs.

People were involved in decisions about how the service was being run.

People benefitted from using a service which had staff who felt supported and listened to.

Livability Somerset

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 6 and 8 June 2018 and was announced. It was carried out by one adult social care inspector.

We gave the service 48 hours' notice of the inspection visit because it is across multiple locations and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 6 June 2018 and ended on 8 June 2018. It included spending time in the office, visiting two supported living houses, speaking with staff and people. We visited the office location on 6 June 2018 to see the manager and office staff; and to review care records and policies and procedures. We closed the inspection on 15 June 2018 by telephone with the registered manager.

The provider had completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. During the inspection we looked at things from the PIR. We spoke with other health and social care professionals and looked at other information we held about the service before the inspection visit.

We spoke with seven people. Some of these conversations were more formal than others due to the communication difficulties some people had. We spoke with the registered manager and 10 members of staff including team managers, support workers and office staff.

We looked at two people's care records in detail. We observed care and support in communal areas. We looked at four staff files, information received from the provider, staff rotas, quality assurance audits, staff training records, the complaints and compliments system, medication files, environmental files, statement of purpose and a selection of the provider's policies.

Following the inspection we asked for further information including provider policies and other documents relating to the service. We received all of this information in the time scales given.

Good

Is the service safe?

Our findings

People told us they were safe. One person said, "We are safe. We are here for one another". Another person said they felt safe living at their home and receiving support from the staff.
The interactions staff had with people demonstrated they were comfortable and happy.

People were kept safe because staff understood how to recognise potential abuse and what actions to take. All staff agreed they would speak with the management if they had concerns. One member of staff said, "I would definitely notify the manager". All staff agreed action would be taken to protect people. Staff knew how to escalate their concerns to external agencies if they needed to.

People were supported by enough staff to meet their needs and wishes. Most staff had been working at the services for many years which ensured consistency for the people they supported. One member of staff said, "There is a very low staff turnover" and explained this ensured consistency for people. Another member of staff said, "There are no staffing problems". Recently, there had been some vacancies. One member of staff said, "We are recruiting now to fill up gaps. It takes a little while". When required, agency staff had been used and where possible, the same agency staff each time. The registered manager told us they were nearly fully staffed and had recently recruited some new staff to fill the vacancies.

People were supported by staff who had been through a recruitment process. This included reference checks from previous employers and checks to make sure they were safe to work with vulnerable people. One member of staff confirmed they had not started working until all these checks had been completed. Improvements were made during the inspection because some issues with two staff member's initial checks were found. One had records was not in line with current legislation and the other did not have additional action recorded when a risk was identified. The management resolved both these concerns swiftly once identified to mitigate impact to people using the service.

People were kept safe because when accidents and incidents happened the management would make changes and demonstrate learning. In one of the supported living houses there was an increase in medicine administration or record errors. After investigation into the patterns it was identified most errors occurred because staff had not concentrated and followed best practice. In response, the management introduced a new system of retraining and completing a medicine management workbook for all staff who made an error. The registered manager explained, and we saw, there had been a significant decrease in medicine errors since this system was introduced.

Risks to people had been assessed and ways to mitigate them put in place. The aim was always to promote independence and choice. The registered manager told us they encouraged people to take, "Healthy risks" as they were working towards an independent life. Recently, the management had identified a new risk for people on a specific type of medicine. They ensured all people on this medicine were checked and actions taken to reduce the risks.

One person with incredibly complex needs was declining in health and their needs changed daily. At times

their care plan was not being updated to reflect current risks and health. The staff and registered manager were working closely with a range of health and social care professionals to support them safely. However, there were occasions when records did not demonstrate known risks such as regular repositioning was being recorded and monitored closely. The team leader and registered manager explained a detailed training session was arranged for staff to mitigate the risks to the person and reinforce expectations. Following the inspection we were informed of further actions the management had taken to reduce the risk of harm to this person.

People were protected from health and safety risks. Hoists being used to support people with transfers had been regularly checked. Staff knew ways to help protect people from the spread of infection. They always wore gloves and aprons when supporting people with intimate care. They knew to wash their hands prior to preparing food. The temperature of water was checked before people had baths or showers to prevent scalding.

Most medicine was managed and administered safely. Some people had been assessed as being safe to administer their own medicine. When people took responsibility for their own medicine administration they could choose if staff carried out checks and supported them. When people were supported the staff ensured they were as independent as possible. Medicines were stored securely in people's homes and staff kept records for medicines which were being administered. There were systems in place to ensure the safe management of medicines.

However, medicines which were 'as required' were not being managed in line with company policy in all locations. There was no clear guidance in place which stated when and why the medicine should be administered. This could potentially lead to staff inconsistently administering them. Most staff knew people well so no impact was found.

Good

Is the service effective?

Our findings

People were supported to see other health and social care professionals to meet their needs. One person told us they had hurt their head and an ambulance was called by the staff. They enjoyed all the attention they got and appreciated how staff had taken action to ensure their health was checked. Another person had recently seen a range of other professionals to meet their significantly changing needs. This included speech and language therapists, district nurses, occupational therapists and attending hospital appointments to see specialists. Another person was arranging to see a doctor about a health condition. Other people had records of attending dentist and doctor appointments. During the inspection one person had been taken to the doctors because they were not feeling well.

When people had a large team of other health professionals involved meetings were arranged to ensure staff were following guidance being given. On most occasions the staff would then follow the advice and guidance provided to them. Care plans were updated to reflect the changes and staff knew what they needed to do. There was one occasion when due to the speed a person's needs were changing guidance was not always updated. The team leader and registered manager had identified this concern so had arranged some additional training for staff from specialists.

People were supported by staff who had received a range of training to meet their health and care needs. One member of staff said, "I definitely have had enough training" and went on to explain they would like more about some people's specific changing needs. Staff were given the opportunity to complete training relevant to their roles. One member of staff overseeing the training completed all the training. They informed us this was interesting and helped them understand what the care staff needed. One member of staff recently had completed face to face training for first aid. The registered manager recognised the importance of having some classroom training so there were opportunities to discuss and learn from each other.

Staff told us they would like to learn more specialist communication methods such as simple signing. This would help them support people and have a better understanding when people had limited verbal communication.

New staff completed an induction to ensure they had become familiar with systems, processes and the people they supported. One member of staff told us they had run through policies and procedures during their induction. If they were care staff they undertook the Care Certificate. The Care Certificate is a nationally recognised standard to make sure all staff working in care have basic skills to look after people. One member of staff who had recently starting working had begun to complete the Care Certificate. They were positive about the information and knowledge it gave them.

People were supported to eat and drink a healthy diet when it was required. One person told us how staff supported them to cook and prepare their food. They were happy staff encouraged them to be healthy as they were trying to lose weight. Some people required specialist diets or support around eating and drinking. Staff knew their needs and made arrangements to ensure the support was appropriate. One

person was at risk of choking or aspiration whilst eating so staff monitored them closely as recommend by a speech and language therapist.

The management tried to embed current best practice within their services. Whilst doing this they found ways to make it accessible to people receiving support with differing needs. Recent changes in how people's information is protected had been identified as requiring an update. As a result, they had created a standard format for people to provide their consent and an easy read version. People were happy to be involved in this process and it was presented in a way they could understand before completing the forms.

People who lived in the service often had capacity to make some or lots of decisions in their life. If people had capacity they were asked for their consent prior to families being spoken with by staff. When there were significant decisions some people lacked capacity to make them on their own. 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.

We checked whether the service was working within the principles of the MCA and found people who lacked capacity to make certain decisions had most of them made in line with current legislation. One person lacked capacity to make some specific decisions about their care and health needs. It was clear this had been assessed and considered in line with current legislation. Their relatives had been involved in the best interest decisions. There was a little confusion by some of the management when they should begin the more formal process of assessing someone's capacity for a decision in one of the services. The registered manager was going to source further training and guidance to support the correct process being followed.

Good

Is the service caring?

Our findings

People were supported by kind and caring staff who used the Christian ethos of the service to drive the care they provided. One person told us they liked the staff who worked with them and smiled throughout the conversation. Another person told us they liked living at their home. They said, "Staff are very good and support us". All interactions we witnessed were supportive and caring. Staff knew who liked to have a laugh and joke with them and everyone appeared very happy. One person smiled and enjoyed interacting with the member of staff even though they had limited verbal communication. Another person told us the staff helped him and, "Do a good job".

Compliments reflected the positive feedback we were receiving about the care staff and management. One compliment was from relatives who were very grateful of the support a specific member of staff gave a person in an emergency.

Staff spoke fondly about the support they provided for people and knew them incredibly well. One member of staff explained they, "Give a lot of emotional support" to the people they supported. They told us as a result of this support they had a significant impact on people. For example, one person had been through a number of house moves in a short space of time. Through this process they had become reluctant to part with any personal belongings. Over time they had gone from 40 boxes down to eight boxes. They set goals and worked through the outcomes. Other staff said, "People are very happy", "It is a privilege to work here. See how they interact. They are very kind and caring with their relationships" and, "All staff want to do the best for people".

The registered manager led by example in creating a friendly, kind atmosphere. They continued to provide individual support for people. They told us it was important as they could monitor their needs and provide staff with support. It provided opportunities for people to raise concerns directly with the registered manager. Additionally, the registered manager could monitor if people were safe. It was clear during the inspection people knew the registered manager well through their interactions. Everyone was comfortable in the registered manager's presence and it was clear they knew each other.

There was a strong ethos promoted by staff and the management for people to express their choices and speak out. One person told us about how they had been encouraged to attend the Houses of Parliament to, "Speak out for people with disabilities". They explained they had spoken alongside other people with disabilities to express how they were as important as anyone else. It was an exercise to help politicians understand about how they wanted to move forward. Another person informed us about the important choices they were encouraged to make when moving into the service. They had picked living with a long term friend in a flat and this had been arranged. The registered manager said, "We accommodated them living together" because we knew how important it was for them.

Staff were familiar with people's different ways of communicating and helped them to make choices. One person who had difficulty verbally communicating had developed their own sign language. The staff who worked with them knew the signs and their meanings. This enabled them to make choices about their care

and support. Other people helped staff learn sign language so they could communicate with them. One member of staff said, "I use pictures and objects. Try to give as many choices as possible". When people made choices staff always respected them. One person chose to eat outside for their dinner whilst two chose to remain inside. Staff supported the people where they had chosen to eat.

Although the provider had an emphasis on the Christian ethos staff were open to supporting people with whatever cultural or religious beliefs a person had. One member of staff said, "Staff do support them [meaning people] with what they do follow". They continued, "Some like to read the Bible whilst others do not." Some people were supported to attend a national chapter conference. All staff were clear they would respect any faiths and cultural needs people who used the service had. One member of staff told us all the people and staff went to the Christmas service at midnight. One of the homes celebrated different cultures. Recently, they had held a Chinese day which included making ornaments, lanterns and food all following this theme. The member of staff explained it was important to involve people as much as they wanted to be.

People were supported by staff who knew how to protect their privacy and dignity. One member of staff told us they always, "Knock on people's doors and check it is okay to come in". When supporting people with intimate care staff knew to, "Cover with towel so not exposed" and to monitor closely whilst giving person space. All staff were clear they would promote independence and provide verbal or visual prompts prior to physically helping. In the annual survey from 2017 it demonstrated that people felt their privacy was respected. Comments read, "They knock on my door in my bedroom and when I am in the bathroom" and, "Staff knock on my door and will ask to shower me".

Good

Is the service responsive?

Our findings

People's care plans were personalised and considered their needs and wishes. Staff were familiar with them and knew about people's personal preferences. People with specific health needs had care plans which provided guidance for staff to follow. This included photographs of how someone should be positioned in bed. By having clear information and guidance to follow it meant staff understood their responsibilities. Care plans listed people's likes and dislikes so all staff were aware of them. There were life histories in place. These were all important because some were less able to communicate this information. There was also use of some agency staff and new staff who would rely on the information.

Most people's care and health needs were kept up to date in their care plans when they changed. This meant staff had clear guidance about how to meet someone's needs. One person whose needs were rapidly changing had staff updates through handovers and team meetings. By doing this staff were being given as much up to date information as possible to meet the person's needs. However, their care plan did not always reflect this. As a result there could have been confusion about which was the correct guidance staff should use. Following the inspection the registered manager told us they were setting up a new system to ensure all the changes were recorded as they happened. They also named a small group of staff who could support other staff with the correct information.

People knew who their named members of staff were. This was important so they knew who to discuss their current care and health needs with. One person said, "I have a key worker". Members of staff were positive about the relationships they developed with people. One member of staff said, "For me what is good is seeing her [meaning their named person] develop her skills". This development was because staff knew people well and also completed goal setting with the person. For example, one person was moving from using ready meals to cooking for themselves. There had been a step by step process to achieve the ability to be more independent.

People did have reviews of their care plans. They were involved as much as possible in these reviews. It also recorded when important changes needed to be made to help meet their care and health needs. For example, one person had a change in their eating support. This was clearly documented so staff could refer to it if they were unsure.

Systems were beginning to be put in place to consider people's end of life needs so they had a dignified death. Discussions were starting to be had with people and those important to them such as family. One person had recently passed away. They knew the person wanted a church service and this was facilitated. Other people were supported to attend the funeral if it was their wish. For other people a celebration of the person's life was held. People were supported to achieve aspirations prior to the end of their life. One person had wanted to drive tanks and jeeps; this had been arranged.

People knew how to complain and agreed action would be taken. One person explained staff were, "Firm but fair" and the registered manager, "Doesn't take sides". There had been no formal complaints since the new provider took over. One member of staff said, "We are very transparent. [Registered manager's name]

told me this was the best way to be". The registered manager was very clear they wanted people to speak out when they had concerns.

Activities reflected people's needs and interests outlined in their care plans. One person told us about the activity they had just done by showing us a picture of them with a horse. Whilst we were talking to them they were smiling and laughing about the staff who had supported them. Another person spoke about their visits to the gym and the support staff gave them. Other people were able to talk about the activities which were important to them. During the inspection we saw many people were out in the community.

We discussed with the registered manager and staff how they promoted communication and information sharing in line with the Accessible Information Standard. The Accessible Information Standard aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. During the inspection we saw some information was presented in a variety of ways. This included staff signing whilst talking to the person, easy read documents and objects of reference.

Good

Is the service well-led?

Our findings

People spoke highly of the registered manager. One person said, "She [meaning the registered manager] is nice and friendly. She is good to talk to". They explained, "She always has time for everybody". Another person joked and told us, "She [meaning the registered manager] is a little bit bossy". They continued, "She is always helpful. She comes to visit you" and, "She is the best person". Staff were equally as positive when we spoke with them. One member of staff said, "[Name of registered manager] is fantastic with me" and spoke about the support they had received.

The provider and registered manager worked hard to create a positive ethos which embraced people and staff having good relationships. They felt this was in line with the Christian values underpinning the service. The registered manager said, "It is important that we are a family." People and staff we spoke with were clear about this and embraced it when working together. One person said, "We are like a big family". Whilst a member of staff told us it was a, "Homely atmosphere" they were trying to create. Another member of staff said the registered manager had, "An open ethos where she encourages everyone to be open. Good communication and working as a team".

People were communicated with about changes or news in a variety of ways and had opportunities to express their opinions on the service. Some staff had created a newsletter which contained important information for people. Every year people were asked their opinions about the service they received through questionnaires. There were three different formats including an easy read version. Staff also provided support by reading out questions if the person wanted it. Comments received from the most recent survey included, "I can call for help", "If I want something my keyworker will help me", "When I have my key time we talk about what I can and want to do" and, "When I am doing my paperwork they help me. I choose what is put in".
Separate surveys have been sent out to relatives of people using the service. Suggestions were listened to and changes made when necessary.

People had meetings once a month within their services. This was an opportunity to discuss concerns, ideas or upcoming events. One person said, "They are really listening to us. We made decisions about holidays". Staff and the management saw these as an opportunity to ensure people had an opportunity to learn about important issues. For example, they spoke about how to keep safe and speaking out.

The service had changed providers. All staff we spoke with were very positive about this change. There had been a period of transition during this process. To assist with the transition between services each person was having their paperwork transferred at their review. The registered manager explained systems were simpler now including the safeguarding systems and care plans. As a result, they felt people were receiving safer and more effective care. The new provider ensured the service management were supported by a range of other internal professionals. They could access quality, finance and human resource teams assigned to their area. The registered manager was positive about this support they received. They told us it meant there were named people they could ask for support and advice on specific topics.

People were supported by a provider and management who had a system to monitor the quality and were committed to on-going improvement to people's care and support. The provider audited the service three times a year. Following this the registered manager worked on an action plan to improve areas of concern found. The management were quick to respond to any shortfalls found during the inspection. They put systems in place to rectify them.

People were supported in a service where there were clear lines of accountability and a drive to constantly improve the service. One member of staff said, "It is a really supportive environment" and continued to tell us if they had concerns they would be supported. Other members of staff told us, "I can always phone up [name of registered manager] even when they are off duty" and, "I do feel supported". Staff knew supervisions were opportunities to discuss performance practices, any concerns and identify any training needs. There were regular staff meetings to communicate any changes, updates and talk through any concerns. One staff meeting had reflected the new medicine error system. One member of staff told us, "We have regular staff meetings and discuss needs of people".

People were supported in a service where there was a drive to provide the highest quality care for them. The registered manager attended a managers meeting every six weeks run by the provider. This was an opportunity to discuss any issues or patterns the provider had identified in the services. It also provided time for managers to share best practice and learn from each other. This created a supportive environment where ideas to improve could be shared and the managers could share their skills.

People were supported by staff who were encouraged to provide the best care possible. The registered manager had created awards for each member of staff who worked for the service. They wanted to demonstrate they valued the work staff did and provide an opportunity for the people to share how much they appreciated the staff. Each member of staff had a video made by the people they supported. The people had done this in secret and the videos were revealed at an award ceremony. One person said, "The party was really good. I enjoyed myself". Another person told us about the games which were played where all staff and people participated.

The provider had staff awards to encourage best practice and staff striving to work hard. In the previous year one member of staff had been shortlisted for the outstanding staff achievement award. One member of staff got their five years' service award. They said, "I got my five year well done. It was lovely".

The management and staff promoted positive relationships with the local community. They held fun days. Recently they had completed a charity walk and raised money for the local air ambulance. For people unable to complete the full walk due to mobility issues they created an alternative walk so they felt part of the experience. Other people had regularly accessed local facilities such as a steam railway and going to the beach.

The provider had sent some notifications in line with current legislation. These were to inform the Care Quality Commission of significant events to allow the service to be monitored. However, there were occasions when events had happened and notifications had not been sent. The registered manager explained there was a system in place since the new provider took over. All events had received appropriate management internally so there was no impact on people. Following the inspection the registered manager ensured all missed notifications had been sent. They had agreed a new system with the provider to prevent any issues occurring in the future.