

Optima Care Limited Eastry Villa's

Inspection report

High Street
Eastry
Sandwich
Kent
CT13 0HE

Tel: 01304619976
Website: www.optimacare.co.uk

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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?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 31 March 2017 and was unannounced.

The service is in the village of Eastry near to the main towns of Sandwich, Deal and Ramsgate. There were nine people living at Eastry Villa's and each person had their own bedroom. All bedrooms, apart from one have en-suite facilities. There are communal rooms which are open plan in style with access to the garden at the back of the house. There is a main house, a separate bungalow for one person and a separate flat for one person that all make up Eastry Villa's.

There was a registered manager at the service who was present on the day of the inspection. 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.

At our last inspection in January 2016, the service was in breach of some of the regulations and was rated 'Requires Improvement'. The registered manager sent us an action plan outlining how they would rectify those breaches. The registered manager and team had worked hard to update policies, care planning, staff training and recruitment and develop communication support and person centred care. At this inspection all the regulations were met and improvements had been made, although there were some areas that still required improvement.

There were some different areas of improvement identified at this inspection that the registered manager agreed to address. There was a lack of communication to visitors to make sure that they did not inadvertently trigger people having anxious and emotional behaviours. One person needed emergency medicine to be administered if they became unwell and because not all the staff were trained they had been limited in how often they had been able to go out. Sometimes staff had limited people's opportunities to go out if they had behaviour that challenged earlier in the day and this had not always been addressed by the registered manager. The registered manager agreed that these were areas for improvement and said they would address them.

There was a clear complaints process but there was a lack of clarity about what should be considered a complaint. A recent concern raised by a relative had been missed, not resolved and had happened again because the issue had only been written in the team's communication book and not acted on as a complaint. We brought this to the registered manager's attention who agreed to respond to it.

Staff we spoke with knew about different types of abuse and had attended training in safeguarding people from harm and abuse. Recruitment checks on staff were thorough. References were requested and any issues were followed up. Health declarations had been completed and prospective staff had provided proof of their qualifications.

There were enough staff on duty to meet peoples' assessed needs and it was clear who was receiving one to one support and how these hours were allocated. People were participating in a variety of activities both in and outside their home. There were planned activities that people could choose from and the right number of staff to support them. If people changed their minds about activities this was respected and alternatives were offered or the activities were offered at a different time.

There was a good range of training that staff had attended to make sure they had the skills to support people. Staff had regular team meetings and one to one meetings with the registered manager or senior members of the staff team and said they felt well supported and were able to air their views. The deputy manager worked alongside staff to provide additional guidance and support the change of culture from doing for people to supporting people to develop their lifestyles.

Staff respected peoples' privacy and dignity and offered people choices in the way they could understand and respond to.

The registered manager understood the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). People were subject to constant supervision by staff and there were some restrictions to their liberty but these had been assessed to make sure they were the least restrictive. For example, people were able to freely access the kitchen and only sharp knives and other assessed items were kept out of harm's way. All DoLS authorisations had been agreed and were up to date or had been sent to the local authority for review.

Each person had a health action plan that gave staff details about the person's health needs. The staff worked closely with health professionals to maintain peoples' health and followed their advice. Medicines were stored safely and managed safely by the staff. Prescribed medicines had been reviewed and there were regular audits of stocks and administration. Assessments had been carried out to see how much people were able to do for themselves and make sure they had the right support.

People looked like they enjoyed the food and usually chose to eat together in the dining area. People were offered choices and there was a picture menu where everyone could see it. People helped in the kitchen and were involved in mealtime tasks. The house was clean and spacious and there were various features to make it more homely.

People's communication was supported and they were able to express what they wanted using gestures, objects, pictures and photos and had the support of community professionals to develop these. Noticeboards and planners were used to assist people to plan activities and events.

Each person had a care plan detailing their needs with guidelines for staff support which had been reviewed and were up to date. These included plans to help people achieve their goals to help them develop their independence and increase their experiences. People were developing skills like making drinks and helping with meal preparation. Risks had been assessed and reviewed.

There was a clear complaints procedure and opportunities for people to share their views and experiences of the service in a way they could understand. An easy read version had been designed and was available to people.

Regular checks of the environment had been carried out and there were clear records of checks of the care plans, staff files, medication records and other records. Peoples' and stakeholders, including staff, views had been gathered, analysed and acted on. Incidents and accidents had been analysed to look for any common

patterns and trends to reduce further incidents. The registered manager had notified the CQC of events that affected people or affected the smooth running of the service. The office was well organised and records were accessible and up to date.

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 were protected from abuse. Staff knew signs of abuse and had received training to keep people as safe as possible

Risks to people had been identified and action had been taken to keep people safe and well.

Staffing levels were flexible and determined by people's needs. Safety checks and a thorough recruitment procedure ensured people were only supported by staff that had been considered suitable and safe to work with them.

People were supported to take their medicines safely.

Is the service effective?

Good ●

The service was effective.

Staff received training to have the skills and knowledge to support people and understand their needs.

Staff followed the principles of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. Staff offered people choices in all areas of their life.

People ate a healthy varied diet at their own pace and were supported to participate in meal preparation.

People were supported to maintain good health.

Is the service caring?

Good ●

The service was caring.

Staff were kind and caring to people. There was a warm culture of support in the home.

People were given privacy and were treated with dignity and respect.

Staff took time to understand what people were expressing to enable people to make choices and decisions about their care.

Staff were flexible and responded quickly to people's changing needs or wishes.

People were supported to be as independent as possible.

Is the service responsive?

The service could be more responsive.

Improvements had been made and people's care and support was person centred.

People's preferences needed to be shared with visitors so that they did not inadvertently cause upset to them.

People were supported to make choices about their day to day lives and their goals and aspirations were included in their plan of support.

There was a variety of activities organised that people could join in with. Some people were not able to go out as often as they wanted because sufficient plans to support them were not in place.

People were listened to. There were systems in place to enable people to share any concerns with the staff.

Requires Improvement ●

Is the service well-led?

The service was well led.

The registered manager was experienced and qualified to manage the service and was committed to providing a warm culture in the home based on people's individual needs and preferences.

People's views and interests were taken into account as much as possible and feedback was considered in the running of the service.

Audits and checks were carried out to make sure the service was safe and effective.

Clear records were kept about the care and support people received.

Good ●

Eastry Villa's

Detailed findings

Background to this inspection

Start this section with the following sentence:

'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.'

Say when the inspection took place and be very clear about whether the inspection was announced or unannounced, for example by saying:

'This inspection took place on [date] and was unannounced.'

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.

The inspection took place on 31 March 2017 and was carried out by two inspectors. The inspection was unannounced.

Before the inspection, we looked at the information we held including notifications from the registered manager. The registered manager had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We spoke with staff, the registered manager, the deputy manager and most of the people living at Eastry Villa's. Some people were unable to tell us about their experiences directly, so we made observations and spoke with relatives, care managers and visiting professionals about people's care and support.

As people were unable to tell us about their experience of care at the service we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us

understand the experience of people who could not talk with us. We looked at how people were supported throughout the day with their daily routines and activities and assessed if people's needs were being met.

We sampled a variety of records including care plans, medicines records, audits, staff files, training records, risk assessments, accident reports and staff meeting minutes.

We last inspected Eastry Villa's on 8 and 9 January 2016. The provider was in breach regulations 9, 13, 18 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the service was rated Requires Improvement.

Is the service safe?

Our findings

People looked relaxed and content in the company of staff and each other. The home looked clean, clear of unnecessary clutter and possible hazards.

At the last inspection there were insufficient staff and some shortfalls with recruitment checks that had led to breaches in the regulations. At this inspection improvements had been made.

There were enough staff on shift to keep people safe and meet their needs. Staff spent time talking to people and people did not have to wait for support. Some people had been assessed as requiring one to one support when at home and two to one support when out in the community. One to one hours were now recorded and checked monthly by the registered manager and rotas confirmed that people were receiving the staffing hours allocated to them.

Recruitment procedures were now thorough to make sure that staff were suitable to work with people. Written references were now obtained and checks were carried out to make sure staff were of good character and were suitable to work with the people. A full employment history was now gained from staff. Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

At the last inspection not all staff had received safeguarding training. At this inspection staff had all received safeguarding training and information about abuse. Staff knew how to recognise and report different types of abuse. Staff told us they would report any concerns to the registered manager. Staff were confident that the registered manager would act on any concerns that were raised. The registered manager was aware of their safeguarding responsibilities. Referrals had been made to the local safeguarding authority when required and action had been taken to reduce the risks of incidents happening again.

Staff understood how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. Incidents and accidents were recorded and reported appropriately. At the last inspection there were shortfalls in gaining and overview of incidents and accidents. For example, if the incidents were occurring in the same place or at the same time of day. At this inspection the registered manager had analysed the reports to look for patterns and trends that may reduce further incidents and had clear graphs and records that gave a good overview. The registered manager had used this overview as a basis for evaluating the effectiveness of the support given to people.

Staff recorded accidents and incidents when they occurred, including if people displayed any behaviours that may challenge. Staff detailed what had been happening before, during and after an incident to give a full picture about what had happened. The registered manager reviewed each incident form and action was taken to reduce the risk of incidents happening again. The registered manager collated all incidents to look for potential triggers of behaviour to develop long term strategies to help.

Individual risks to people's personal safety had been assessed and plans were in place to minimise these risks. Each person had risk assessments to show how potential risks would be minimised. All the records had been reviewed and reflected people's current needs.

Staff had identified the risks associated with people's care, such as their behaviours and when going out. Each care plan explained how to manage these risks and ensure that people received the care they needed to minimise the risks from occurring. There was detailed guidance in place for staff to follow if they were supporting people to travel in a car or eating out in a restaurant.

Staff supported people positively with their specific behaviours, which were recorded in their individual care plans. There was information to show staff what may trigger behaviour and staff were aware of the strategies to minimise any future occurrence.

Staff carried out regular health and safety checks of the environment and equipment to make sure it was safe to use. These included ensuring that electrical and gas appliances were safe. Water temperatures were checked to make sure people were not at risk of getting scalded. Regular checks were carried out on the fire alarms and other fire equipment to make sure they were working properly. People had a personal emergency evacuation plan (PEEP) and staff and people were regularly involved in fire drills. A PEEP sets out the specific physical and communication requirements that each person has to ensure that they can be safely evacuated from the service in the event of an emergency.

There were safe medication administration systems in place and people received their medicines when required. Medicines were stored in a locked cabinet and administered by trained staff. The cabinet was not overstocked and medicines were stored at the correct temperatures. People had individual care plan guidance around taking their medicines. Each person had been assessed to make sure they participated as much as possible and goals were written to develop people's skills. There was clear information in people's care plan folders about what medicines were for that included simple language and pictures to help people.

Medicines administration, records and stocks were all checked regularly and the checks recorded. Any issues were followed up to make sure people were receiving their medicines correctly and safely.

Is the service effective?

Our findings

At the last inspection there were shortfalls in staff training and support which led to breaches in the regulations. Improvements had been made at this inspection.

Staff now received regular supervision and met regularly with their line manager. They told us they felt well supported and could go to the registered manager or deputy manager if they had any issues. Staff had now all had an annual appraisal, where they were able to discuss their training and development needs for the year ahead.

There was an ongoing programme of training which included face to face training and online training. Staff completed basic training in topics such as safeguarding, mental capacity and first aid. All of this training was up to date, and staff had been booked onto refresher courses in line with the provider's policy. The registered manager had identified that some training in topics specific to people's needs were not available through the provider. They had sourced online training that staff were completing to give them this essential knowledge. This covered topics such as diabetes and behaviour that challenged.

Staff put their training into practice and gave people the support they needed. Staff spoke to people calmly and gave them reassurance when they appeared distressed or anxious. Staff encouraged people to do things. One person needed a particular medicine in an emergency situation. Senior staff were trained in administering this but more staff needed this training to make sure there was always someone available if required.

New staff worked through induction training during their probation period, which included working alongside established staff. The provider had introduced the Care Certificate for new staff as part of their induction, which is an identified set of standards that social care workers work through based on their competency. One member of staff, who was still in their induction period told us, "For my induction I had two weeks of training at Head Office. I did my care certificate and all of my mandatory training. I've then been shadowing all of this week to get to know people."

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. At the last inspection people's DoLS applications had not been made or were out of date and people's capacity had not been properly assessed in line with MCA. This led to a breach in the regulations.

The registered manager had now applied for DoLS when people's liberty was restricted or they required continual staff supervision. The kitchen was now unlocked and people could access it whenever they wished. People were able to make day to day choices about what they wanted to do, eat and wear.

The registered manager understood his responsibilities under the Mental Capacity Act 2005. He knew that

capacity must be assumed unless a capacity assessment had been carried out which established a person lacked capacity. He knew only to make decisions for people in their best interest. He had organised 'best interest meetings' when people needed support to make decisions and invited people's friends and family.

Some people required assistance when they became distressed or anxious. Staff had to sometimes physically intervene to help keep them and other people safe. There were clear guidelines in place for staff to follow to keep people safe, however there had been no assessment of this form of practice to see if it was the least restrictive option. There had been no best interest meetings, involving people's loved ones and other professionals to determine if it was in people's best interests to be supported in this way. The registered manager agreed that this was an area for improvement.

People were supported to eat healthily and participate in meal preparation, menu planning and shopping for food. Photos of meals were available to help people choose and a photo of the main meal was displayed on a menu noticeboard by the kitchen counter. Staff knew people's favourite foods and were aware of people's dislikes and any food intolerances. Food was presented in ways people preferred and to maximise their independence. The kitchen was well planned and open so that people could go in and make snacks and drinks with staff supervision. Any restrictions were only in people's best interests and were kept to the minimum. For example, the kitchen was open but sharp knives were locked away. People had their breakfast when they got up and lunchtime was organised around people's activities and often people ate out. The main meal was in the evening and people were encouraged to sit together.

Some people were on special diets to help them remain healthy. There were clear guidelines in place for staff so they could remind people what they could and could not eat. One person showed us their kitchen and pointed out the special food staff had supported them to purchase.

People were encouraged to be active and take regular exercise including walking to help the feeling of wellbeing. People's health needs were recorded in detail in their individual health action plans. If a health need was identified, options for further investigation and possible treatment were considered with relevant professionals and in light of people's understanding and capacity. One person had been in hospital for investigations and with help from staff he spoke a little about it. He confirmed that it had been a good experience and was feeling better.

People were supported to manage health conditions like epilepsy. There were clear plans and records identifying what support a person needed, what may trigger seizures and what to do if a person had a seizure to keep them as safe as possible and speed up recovery.

People's care records showed relevant health and social care professionals were involved with people's care. People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals. People were supported to attend routine health check-ups including with a specialist dentist.

Is the service caring?

Our findings

People looked well cared for, healthy and comfortable in the company of each other and staff.

At the previous inspection staff did things for people, and not with them. At this inspection improvements had been made. There was a noticeable change to an active and person centred culture.

There were formalised plans in place to increase people's independence and encourage them to work towards specific goals. People had long term independence targets, including developing skills with regards to managing money and learning to wash and dry up. Staff had purchased a new washing up bowl for one person and they now assisted to wash and dry crockery after each meal. People had also chosen shorter term goals such as going to local boot fairs, seeing their favourite artists in concert or using public transport to go shopping which they completed each month. These were then reviewed and a new goal was set to ensure people were continually working towards doing something new. We saw people going in and out of the kitchen at different times making snacks and drinks with staff help and helping wash and dry up. One person really liked drinking cups of tea but this also caused anxiety because of past experiences and their concept of time. To help them understand time, a timer was used. When the buzzer rang the person knew it was time for a cup of tea. This person laughed when the timer went off and laughed with the staff as they went into the kitchen to help make it. The person was occupied with other activities and was calm and relaxed in between times.

Staff knew how to communicate with people effectively. Some people needed support to communicate and there was detailed information in people's care plans on how to interpret their specific vocalisations and signs. There were noticeboards with photos and pictures to help people choose activities and what they wanted to eat. Some people used signs or pictures to communicate and we witnessed numerous, natural interactions where people were able to make their needs known.

People were supported to develop their own routines and preferred way of doing things. Some people liked to get up early and go out and others liked to get up leisurely and take their time having breakfast. All these routines were supported by the staff team who had got to know people well.

The home was spacious and allowed people to spend time on their own if they wished. People's bedrooms were personalised and decorated to their taste. People displayed family photographs and their treasured possessions in their bedrooms. Bedrooms were suitable for people's needs. Each person's individual dress styles and preferences were respected and supported by staff.

People were supported to keep in touch with their families and friends. Staff supported people to make visits to their loved ones. People could have visitors when they wanted at, at reasonable times.

People's care plans and associated risk assessments were stored securely and locked away so that information was kept confidentially. When we asked questions about people staff answered in a quiet voice so not everyone was able to hear.

Is the service responsive?

Our findings

Since the last inspection improvements had been made. Care and support plan documentation had been updated so that it was useful to inform staff of how to support people. People received the care and support they needed, in the way they wanted. People were being encouraged to do more for themselves and develop their independence. There were clear plans for activities that were organised.

At this inspection there were some different areas that needed improvement to build on what had already been achieved. One person needed emergency medicine to be administered if they became unwell. Not all staff were trained to administer this medicine and at a resident's meeting they had raised that they were not able to go out as often as they liked because staff were not trained to support them. In February they had only gone out five times and in January they had only gone out six times. The registered manager told us they were in the process of arranging training for staff, but this was an area for improvement. Since the inspection this training had been given to the staff who needed it.

Some people required two staff to support them when going out. Although they went out regularly for coffee or to the shops there were some days that staff had documented, '[person] had a behaviour in the car due to this [person] was unable to go for a walk' and 'massage cancelled due to behaviour.' We discussed this with the registered manager who confirmed that sometimes staff could feel apprehensive about supporting people to go out or they had become distressed earlier in the day. They agreed that people should still be able to go out if they had been distressed or displayed a behaviour and said they would address this with all staff.

Detailed guidance was in place to ensure staff were supporting people consistently to minimise their anxieties and any triggers for behaviours. Staff were clear about triggers for people's anxiety and worked with people to support this. However, staff did not tell us that one person could become anxious if they saw people were writing in note books or had their hair loose. As soon as we left the room the person became distressed, displaying some behaviours that staff found challenging. We discussed with the registered manager if we could potentially have been the trigger for these behaviours and they confirmed that we could have been. They agreed that staff should have shared this information with us, so we could have taken action to minimise the person's distress. Making sure there was clear guidance about what to tell visitors to prevent them unwittingly saying or doing something that were known triggers to people getting upset was an area of improvement.

Some people needed support to help them express their wishes and preferences and each person had up to date information in their care plan about how best to support them, and what their different signs and vocalisations may mean.

Review meetings had been held with people and their representatives and notes had been made. Handover meetings between staff at the start and end of each shift ensured that important information was shared and acted on where necessary.

Preferences with regards to people's personal care and daily routine were documented in their care plan. Some people were unable to tell staff how they wanted to be supported, but staff that knew people well had noted what they liked and disliked. People and their relatives were involved in developing their care and support plans. Care and support plans were personalised and had information relevant to each person. There were some photographs and symbols making the care plans more accessible.

Staff had step by step instructions on what people did each morning and evening. One person's detailed how they liked to relax on the sofa and water their plants before bed. Staff told us this was helpful as people could become distressed if they deviated from their usual routine.

People took part in a range of activities during the inspection. Some people were at a local day centre and other people were supported to go out for walk or make cheese scones. Some people were supported to participate in household chores and others in sensory activities. People's interests and preferences were used to inform how staff supported them to spend their time. People went out for regular walks and used the local facilities including the shops and pubs.

There was a complaints policy in place and staff were now able to tell us what they would do if someone made a complaint. Complaints and concerns were taken seriously and were recorded, investigated and responded to. The complaints procedure was produced and displayed in an accessible format that was meaningful to people.

Formal complaints were recorded and responded to in line with the policy. However, low level complaints were not recorded which meant the registered manager did not have oversight over them. In the communication book staff had documented that one person's relative had asked staff to be careful when tumble drying their loved one's clothes as they believed some of jumpers had shrunk. On the day of the inspection the same relative identified that a new top, they had purchased for the person, had been ruined in the wash. The deputy manager also commented that another person's trousers had appeared to have shrunk. We told the registered manager about the note in the communication book, and they were unaware that this issue regarding tumble drying clothes had been raised before. They agreed that it would have been helpful to have recorded this low level complaint, so they could have addressed it with all staff at the time. This was an area for improvement.

Is the service well-led?

Our findings

The staff team was supported by the registered manager and deputy manager who were skilled and experienced in providing person centred care. The registered manager had been a registered manager in different types of services for nearly twenty years. Staff told us they felt well supported and felt comfortable asking the registered manager and deputy manager for help and advice when they needed it.

There had been some changes in the culture in the service since the last inspection. Staff were supporting people instead of doing things for them. People looked active and alert and there was a buzz of activity throughout the inspection. The deputy manager worked alongside staff so they could observe and support the team. They were able to pick up on training issues and guide staff to develop attitudes and skills. The registered manager told us that this was important and had helped to improve staff practice since the previous inspection.

Regular meetings had been held to give the staff team an opportunity to share ideas and discuss issues. Specific topics were focused on regularly to aid staff's learning and awareness. For example, safeguarding and discussion around incidents to share lessons learnt and develop good practice. Staff were positive about the direction the service was going in and said they felt well supported by the registered manager and deputy. Minutes of the meetings highlighted the areas that they were working on and showed action had been taken.

The registered manager and team were working hard to develop support for people to share their views and participate in the development of the service. Meetings were held with people who wanted to have these. Minutes were written with actions taken forward. Each person had a key worker who got to them well so that they could help interpret people's communication to determine preferences. Each person had a communication assessment and tools were in place to support them. Objects, pictures and photos were used and there were easy read policies that included pictures to assist people to make sense of them.

Annual questionnaires were sent out to people, their relatives, staff and other stakeholders so they could give their views about the service. The responses were collated and action was taken when any areas of improvement were identified. One person's relative had raised that they did not go out as often as they would like. The registered manager was now monitoring the activities they took part in and when they went out.

At the previous inspection the registered manager had failed to complete effective audits as they had not identified the issues we had found. At this inspection improvements had been made. The registered manager carried out regular monthly checks on the service. These covered a range of areas, including the quality of completed paperwork, like daily notes and incident forms and whether relevant health and safety checks were carried out. The provider employed a consultant who carried out additional, independent audits on topics such as infection prevention and control and medicines. Any areas of improvement identified were responded to and included in the action plan.

The registered manager understood relevant legislation and the importance of keeping their skills and knowledge up to date. The registered manager participated in a variety of events and forums with other managers that worked for the provider. The registered manager had notified the Care Quality Commission of important events as required. The offices were well organised. Records and plans were up to date and readily available and were stored securely.