J C Care Limited

The Whitby Scheme

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The Whitby Scheme provides accommodation, care and support to up to 34 people with mental health needs and/or needs associated with a learning disability. At the time of our inspection 32 people were using the service. The service is provided through four houses, Anchor, Abbey, Haven and Endeavour. Abbey House is the most recent addition and accommodates six people, Haven House accommodates six people, Anchor House can accommodate eight people and Endeavour House can accommodate fourteen people. Three of the houses are situated close to one another around a courtyard with the fourth located about half a mile away.

We undertook an unannounced inspection on the service on 27 October 2015. During this we visited all four houses under the registration. At our last inspection on 21 October 2013 the service was meeting the regulations inspected.

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

Summary of findings

Staff supported people to maintain their safety. Staff carried out assessments to identify any risks to a person's safety and management plans were in place to address those risks. Staff were aware of signs and symptoms that a person's physical or mental health may be deteriorating and how to respond to protect people.

There were sufficient numbers of staff to meet people's needs and staff were deployed with consideration for gender, skill mix and experience. Staff had the knowledge and skills to meet people's needs and attended regular relevant training courses.

The environment was kept safe for people to live in, though we observed that Anchor, Haven and Endeavour houses were in need of repair and maintenance work to ensure people were protected from the risk of cross infection. However, staff understood and followed infection control procedures to protect people.

People received their medicines as prescribed and safe medicines management processes were in place.

Staff worked in combination with the community mental health team to ensure people received good support. Any concerns about a person's health were shared with relevant professionals so people could receive additional support and treatment when required.

People were supported to receive a healthy diet and to have access to food and drink of their choice within their care plans.

Staff encouraged people to undertake activities and supported them to become more independent. People were involved in their care reviews and at every stage of their care. Their opinions and ideas were listened to and taken into consideration. Staff spent time engaging people in conversations and spoke with them politely and respectfully.

People were encouraged to express their opinions and views about the service. There were regular meetings with people and individual support was provided through a key worker system.

Staff were supported by their manager and felt able to raise any concerns they had or suggestions to improve the service. The staff team had regular meetings where they were encouraged to contribute their ideas about the improvement of the service.

The registered manager had developed a comprehensive system of quality assurance and monitoring checks and the results of these were shared in meetings. The registered manager used the results of these to inform improvements.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff were aware of the risks to people's safety and supported them to manage those risks. Staff liaised with the health care professionals from the community mental health team when people required additional support to remain safe.

People received their medicines as prescribed and regular checks were made to ensure safe medicines administration.

There were sufficient staff to meet people's needs. Recruitment checks minimised the risk of employing unsuitable staff. Staff were aware of safeguarding adults procedures and reported any concerns as required.

Is the service effective?

Good

The service was effective.

People were supported by well trained and supervised staff.

People were supported in line with the Mental Capacity Act 2005. Staff were knowledgeable about the Deprivation of Liberty Safeguards (DoLS) to ensure people were protected.

People were supported to maintain their health and have their nutritional needs met.

Is the service caring?

Good

The service was caring.

Staff had built positive relationships with people.

People were treated with kindness and care. Staff were aware of people's communication needs.

People's privacy was respected and staff gave people space when they wanted some time on their own.

People were involved in decisions about their care. Staff met with people to discuss their care and support needs, so that support could be provided in line with people's preferences.

Is the service responsive?

Good

The service was responsive.

People were supported in line with their needs. Care plans were in place to address people's goals.

People were supported to develop their daily living skills, to engage in activities and work towards becoming more independent.

People were encouraged to express their views and opinions and these were acted on.

Complaints were investigated and responded to appropriately.

Summary of findings

Is the service well-led?

Good 

The service was well-led.

There was good team working and staff felt supported by the registered manager. Staff were encouraged to express their opinions which were listened to and acted on.

The registered manager sought feedback from people and other healthcare professionals involved in a person's care to identify any areas requiring improvement.

There was a comprehensive quality assurance system in place to ensure the service focused on continual improvement.

The Whitby Scheme

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 27 October 2015 and was unannounced. It was carried out by one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We did not request 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 viewed information which the service held in relation to the areas covered in the PIR when we carried out the visit to the service. We reviewed information we held about the service, including statutory notifications received.

During the inspection we spoke with thirteen people who used service. We spoke with fourteen staff, including the registered manager, senior staff and care workers. We reviewed three people's care records and three staffing records. We reviewed records related to the management of the service, including quality assurance checks.

Following the inspection we spoke with two health care professionals who had experience of the way the service cared for people.

Good

Is the service safe?

Our findings

People told us they felt safe at the service. People told us, "The staff do their best, what more can they do". People told us that there were sufficient staff to support them to feel secure. Some people told us that they wanted more one to one support, but they realised this was arranged in line with their individual assessments. One person talked about how staff had gone to find them when they went missing from the home to ensure they were safe.

Staff supported people to be safe and to reduce the risk of harm. Staff were aware of their responsibility to safeguard adults, and were aware of the reporting procedures if they had any concerns about a person's safety. Any concerns or changes in a person's behaviour which indicated a risk to their safety were recorded and discussed amongst the staff team. Concerns were reported to the health care professionals involved in a person's care and the local authority safeguarding team as appropriate. Staff had all received crisis management, safeguarding of adults and training in behaviour which may challenge. They had regular updates were in place to ensure practice was in line with current good practice. A member of staff told us, "If I suspected abuse was taking place, I would bring it up with the manager".

Staff were aware of the whistleblowing policy and procedures, and felt comfortable to use them if they felt it was necessary.

People had individual assessments in place to identify risks to them and risks they may pose to other people. These assessments were undertaken with reference to advice gained from mental health and other care professionals. Staff told us they had risk plans in place to address potential risks such as if people had delusional episodes, or when a person with a pre-diabetic condition consumed excessive amounts of sugary drinks or unhealthy foods.

People's assessments included information about what may increase the risks to their safety. For example, one person's risk plan included strategies for dealing with the risks around the abuse of alcohol.

The service ensured that risk was balanced against maximising people's freedom and autonomy. For example we heard about a risk plan to support two people who lived at the service to go out on a fishing trip from Whitby harbour. This took account of the mental health of each person and the suitability of staff who accompanied these people. Staff interviewed the crew of the boat as part of the planning for this activity, to ensure they were competent and receptive to working with vulnerable people. The risk assessment involved checking weather forecasts and the sea condition before this activity went ahead successfully. A member of staff told us the people had been "really buzzing" about doing this. They caught fish, prepared it and cooked it for tea.

Staff told us they learnt from incidents that occurred at the service. They had worked with the community mental health team to recognise signs and symptoms that a person's mental health was deteriorating, which may mean an increase in the amount of challenging behaviour displayed.

Staff promptly identified if people were displaying signs that their health was deteriorating and supported the person appropriately. While we were conducting the inspection an incident took place which involved calling the police and the mental health crisis team. Staff dealt with this incident with great skill and we observed how the other people in the house and the person were protected. The service had a policy of no restraint.

There were sufficient staff to meet people's needs. Staffing levels were written into individual care plans and varied according to peoples chosen daily routines. Staffing rotas showed that each site had a senior care worker on duty for each shift. Some staff worked their shifts between the houses depending on people's needs for that day. The people in each house had different requirement for staffing ratios. In one house the people did not require one to one support and often went out into the community unsupervised. In another house, people needed one to one support for much of the day. There were usually fourteen staff as a basic cover across all four sites, to care for 32 people, with a flexible number of extra staffing hours brought in to support people's specific needs. Staff were available to escort people to appointments, to accompany them on outings and to take part in activities of their choice. Shifts were organised so that there was time for handover of information between staff to enable continuity in the care and support provided. Staffing numbers enabled shifts to be covered if staff had annual leave, were off sick or were attending training courses.

Staff application forms recorded the applicant's employment history, the names of two employment

Good

Is the service safe?

referees and any relevant training. We saw that a Disclosure and Barring Service (DBS) check had been obtained prior to commencing work at the home and that employment references had also been received. A DBS check ensures that people who are known to be unsuitable to work with vulnerable people are not employed.

Accident and incident logs were completed, audited and discussed at handover, team meetings and individual one to one meetings to improve the safety of the service.

People were supported to handle and manage their money where necessary. Care plans were in place to support people with their money safely.

Safe medicines management and administration processes were in place. People received their medicines safely and as prescribed. People we spoke with were aware of what medicines they were prescribed and told us staff supported them to ensure they received their medicines correctly. All medicines administered were recorded on a medicine administration record (MAR). The service kept records of all PRN (when needed) medicines administered and if people received homely remedies these were recorded with the amount given and the reason why. Homely remedies are medicines that can be obtained without a prescription, for example, paracetamol. Medicine handling was audited on a monthly basis, this included checks on recording, storage, stock checking, dates of opening and expiry. Staff all received training in the safe handling of medicines, and received a competency check before they were permitted to administer medicines.

People received regular medicine reviews. Staff ensured they and the people they cared for had information about any side effects of their medicines, and staff monitored people to identify any side effects so they could be supported appropriately.

The cleanliness of the environment differed depending on the house visited. At Anchor house we observed that the kitchen was in need of refurbishment; with windowsills and skirting boards showing signs of damage. There was a notice board in the kitchen, which was badly perished, with pieces of cork falling from it. The floor did not appear to be clean. The Haven property had undergone refurbishment, and was bright and clean. In this house however, there was a drawer front missing from a kitchen cabinet which meant that food could enter the cupboard and pose a risk to infection control. Endeavour House required attention to cleaning. Handrails were not all clean and walls were marked in places. These were areas which needed attention to avoid them becoming an infection control hazard.

There were also a number of narrow stairways in the upper floor of the Endeavour building. The registered manager had ensured that these areas were risk assessed so that people who had mobility problems did not access these areas. Abbey House was clean, fresh and newly decorated.

We saw records of training in infection control which were all up to date. Clear timescales were recorded for when this needed to be updated. Staff told us that they had received training in infection control. We asked two members of staff about infection control and they understood what good infection control practice was. They referred to the use of aprons, gloves and the importance of hand washing if giving personal care to people. The washrooms contained liquid soap in disposable cartridges which is recommended for effective infection control. Staff told us that they used a colour coded scheme for laundry and for cleaning equipment such as mops to minimise the risk of cross infection.

Good

Is the service effective?

Our findings

People told us they were supported to receive the health care they needed and that the staff knew what care they needed. One person told us, "They help us to go to the doctors, and the people at [clinic name] explain to me what my medication is for." Another person told us, "They help me to plan my meals." Another person said that they were supported well around their health care needs.

One mental health professional told us that staff had "a very good understanding of people's health needs."

Staff updated their knowledge and skills through regular training courses. Staff received induction which was called 'Foundations for Growth' and they always shadowed experienced staff for three shifts before working unsupervised. Staff had training in mandatory subjects relevant to caring for people who may have a learning disability or a mental health condition. Staff also received training specific to people's needs including; Asperger's syndrome, learning disabilities and autism. Specific guidance material was included in files for mental health conditions. Care plans included information about how to approach the care for individual people.

Staff received regular supervision and annual appraisal. This gave staff the opportunity to discuss their roles and responsibilities, and to highlight any further support or training they required. Staff told us that supervision was an opportunity to ask for support and to discuss development and progress within the company. Records confirmed that regular supervision took place. Staff told us the manager was highly supportive and treated them with respect and awareness of the problems which sometimes arose in the role.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the Mental Capacity Act 2005 (MCA) legislation which is designed to ensure that any decisions are made in people's best interests. The registered manager told us that three DoLS were in place across the service, and that a further twelve were pending assessment.

A senior member of staff told us about how responsive the service was to people's needs around capacity when those needs frequently changed. Records showed examples of when emergency DoLS applications had been requested and put in place for a period of just two weeks at a time. This was to protect people when their mental health deteriorated. The restriction was raised when people's mental health improved. This meant that the home was operating the least restrictive alternative for people.

Care staff were clear on the process for DoLS and mental capacity assessments as well as best interests decision making and the implications of lasting power of attorney powers. The registered manager told us that staff had received MCA and DoLS training and records confirmed this. The registered manager understood the implications of the Supreme Court ruling which had clarified the concept of deprivation of liberty for people in a care home setting. People had Independent Mental Capacity Advocates when their assessments indicated this was necessary. Staff were also aware of the requirements of the Mental Health Act 1983 and supported people in line with this. This meant that people could be protected regarding their mental capacity.

People were supported to make decisions about their care and the support they received. Staff requested local authority assessments if they felt a person may not have the capacity to make a decision about their health and care. If people did not have the capacity to make certain decisions, these were made for them by a multidisciplinary team in their best interests. Some people were unable to manage their finances. Court approved appointees managed people finances for them. The staff liaised with the appointed individuals to ensure people had sufficient amounts of money on a day to day basis.

People were supported to have their nutritional needs met. One person described the food at the service as "good, we choose what we have for our meals". Menus for the week were on display at each house, and staff mentioned that people were involved in planning meals. One person told us, "I made an apple pie yesterday. People couldn't believe how good it was." However, another person complained about the use of basics brands and said, "It's cheap coffee and tea bags". A member of staff mentioned to us that they brought their own coffee as this was better than the coffee provide for the people who lived at the service so this appeared to confirm that the tea and coffee may not have been of a good quality. When we observed that food stores contained a range of basic foodstuffs which people told us they added to when they did individual shopping.

Good

Is the service effective?

Depending on people's support needs, staff or people living at the home prepared their meals. People were asked during meetings what they would like to eat and this was accommodated on the menu. Menus were on display for people to see. People were able to request alternatives to the meals on offer if they did not like what was on the menu. Staff were aware of people's dietary requirements and encouraged them to choose meals that met their needs. For example, they encouraged people to eat healthily and provided people with information about healthy eating. One person was at risk of missing meals and losing weight. The staff reminded the person to eat and offered meals at alternatives times if the person had missed a meal to ensure that had their nutritional needs met. Another person was at risk of making unwise choices around food and drink. Care plans and daily notes showed that this person was encouraged and given information about their health needs and the medical impact of unhealthy eating. Goals were in place for this person to work towards around nutrition. Those people who required assistance with eating and drinking received this. Specialists such as the Speech and Language Therapy (SALT) team had been consulted where necessary and advice incorporated into plans.

Staff supported people to have their mental and physical health needs met. They supported people to maintain contact with the professionals from the community mental health team involved in their care, and supported them to attend regular meetings to review their mental health needs. People all had a health action plan in place which was presented in an easy read format and with pictorial prompts where necessary so that people could understand the plans written down about their health. People also had a hospital passport which gave clear and important information about people's health needs for hospital staff when they attended appointments or were admitted to hospital.

People told us staff supported them to maintain their physical health. They said staff accompanied them to GP appointments and specialist consultants when they needed to. Staff worked with healthcare professionals involved in a person's care and followed advice given about how to support the person. Staff told us about supporting people around health care appointments and to understand the information which was communicated to them. Records confirmed what people told us.

People told us they were regularly asked for their consent to care. We observed that staff routinely asked for people's consent before giving assistance and that they waited for a response. Where people had the capacity to do so they had signed their consent to care plans. When people declined assistance, staff were respectful and returned to try again later if necessary.

Good

Is the service caring?

Our findings

People told us that the staff were caring and spoke with them so that they felt respected. Some people expressed dissatisfaction and frustration with staff, however, when we looked at care plans we saw why measures were in place to restrict people in certain ways and to offer boundaries for people to help them work towards better health and wellbeing.

We observed staff engaging people in conversations, and speaking with them politely. Staff were quick to respond if people requested help, and kindly encouraged them to undertake specific tasks. Staff were also aware of when people wanted space and took direction from the person as to whether they wanted to engage in conversations.

Staff respected each person's privacy. They did not enter a person's bedroom without their permission, and told us they would not do this unless there were concerns about their safety. One person had their own key to their apartment, and we observed them locking it as they left. When showing us around the 'Endeavour' premises, a senior member of staff knocked on people's doors before entering, and told us "I will ask people if you can see their rooms, but some people might not want you to." This respected their privacy.

Staff spoke about respecting people and treating them kindly. One member of staff spoke of the job as a vocation, and a mental health professional told us that the staff "went the extra mile" to ensure people had a good life. One member of staff explained, "We put our feet in their shoes and build up trust. It takes time and people often need space. We never take anything personally. We are always focused on what is best for the people we care for." Staff also emphasised the need for consistency of approach to help build stability for people.

The manager told us about how staffing was matched to people's care needs. For example, the people who lived at one of the houses in the service were best supported by male care workers or more mature women. Staffing had been arranged so that this could happen. We spoke with a member of staff about this who told us that this staffing arrangement worked well and reduced the risk to those people who lived at the house.

Staff were aware of people's preferences and provided care in line with this. For example they were aware of preferred routines. These were recorded in care plans and we observed that staff understood people preferences well.

Staff were aware of people's interests and pastimes, and encouraged people to plan and take part in activities. Staff told us that some people enjoyed socialising and meeting up with friends. We observed that some people enjoyed visiting other houses which were part of the service. Staff were available to transport people if they needed this. Those people who were independent moved between the houses as they chose. Records confirmed that staff supported people with their relationships with others, for example, one care plan stated, "[The person] has re-established friendships on a recent home visit, staff are to listen to [the person] and discuss these and offer advice when this becomes necessary." Another care plan set out that a person was "building stronger relationships with other people we support." The plan gave advice to staff on how to best support people in maintaining these links with others.

The service encouraged visitors who were welcome at all reasonable times and the manager told us that visitors did call and spend time with people in the service and on outings. Some people went to stay with family of friends on short stays and the service supported people to do this.

Good

Is the service responsive?

Our findings

People told us that staff supported them to live their lives in the way they chose. One person told us that staff involved them in working towards their goals and in keeping in touch with family and friends. Another person told us that staff were good at supporting them in the way they wished to express their gender. Another person told us that they were listened to and that staff acted on what they said.

Each person had a care plan in place for each identified support need. People told us that they had been involved in drawing up their plans and records confirmed this. The care plan identified each person's needs and their short and long term goals. For example they recorded what the person may like to be doing five years from now. The plans identified what a good day and a bad day would be like for each person and described how staff could support people towards experiencing more good days. Information was included in people's records about how the person could support themselves and how staff could support them to achieve their goals. People were supported to read and understand their plans and all plans were available in easy read pictorial format.

Reports from meetings people had with the healthcare professionals involved in the treatment of their physical and mental health were kept in their care records. This meant staff had information about any changes in people's support needs and could identify progress the person had made since being at the service. A care professional from the community mental health team told us that the service supported people to reduce their admissions to hospital. One health care professional told us, "[The staff] have been skilled at supporting my clients." The manager and staff felt there was good joint working with other professionals involved in people's care, including the local authority and the police. Records of involvement with these other professional confirmed this.

Information was provided to staff about what increased a person's anxiety and how the person was to be supported to reduce their anxiety. Staff encouraged people to talk about their feelings and any changes in mood. For some people this helped them to manage hallucinations or other distressing symptoms of their mental health conditions.

Staff were knowledgeable about people's lives and their care history. They were able to tell us what support people required and the reasons why. Records included details of how people were supported to engage in activities and outings they found meaningful and interesting. For example one person attended a college course, a number of people had voluntary employment, other people enjoyed attending craft classes or photography, and others went swimming or on planned walks. The service had also made links with a local animal sanctuary, and some people attended work placements there.

Plans gave guidance to staff on supporting people to work towards goals they had set for themselves. For example, one person showed us a gym membership application that staff were helping them to complete as part of their goal of living a more healthy life. They also told us that they were being supported to give up smoking and with staff support had recently purchased a vaporising cigarette. On the day of the inspection visit in one house, one person had gone to play football. Another person told us that they had been out Christmas shopping and another person told us that they were going to a disco that evening. Staff also told us that one person loved music, and had been to see a Beatles tribute band at a local bar. People were supported to go on holiday and a number of people had recently been to Butlin's at Skegness where they told us they had enjoyed the entertainment, surroundings and food.

Care plans included advice for staff on providing support to people around expressing their gender such as support with make-up and buying new clothes. People also had goals around the use of public transport, and visiting public places like shops or the cinema.

People were involved in decisions about their care. The service used a key worker system to provide people with regular individual support. Staff told us they used the key work sessions to ask people about their support needs and we saw that key workers provided a monthly report about the care people they supported needed. People were involved in the development and review of their care plans, so that the support provided could be tailored to meet their needs. People confirmed that they were involved in decisions about their care and records confirmed this.

Reviews included comments by people on their experience of the past month.

Meetings were held with people using the service. These meetings gave people the opportunity to discuss any concerns they had or what they wished to receive whilst at

Good

Is the service responsive?

the service. These meetings were often used to discuss the service's menu and the activities on offer, including any day trips they wished to take part in. We viewed the minutes for the last meeting and saw this was used to discuss personal preferences.

The complaints process was displayed in one of the communal areas so all people were aware of how to complain if they needed to. One person told us they had made complaints and the manager had responded to them. The registered manager told us that all complaints were investigated and the complainant was responded to with the outcome of the manager's investigation. Learning from complaints was recorded for future use.

Good

Is the service well-led?

Our findings

People told us that they saw the registered manager often and that they could approach them. They told us about their 'your voice' meetings, when senior staff asked them questions about what could be done to improve their lives. Some people told us that they had made suggestions and these had been acted on, for example, one person had asked for a new mattress, and they told us that this had now been purchased.

Staff told us they had a supportive management team, and they were able to raise any concerns they had. One staff member told us that the registered manager was approachable and listened to their concerns. Another staff member said the management was very supportive. "I have no problems with the management; this is one of the best jobs I've ever had." Staff told us there was good team working and they felt well supported by their colleagues. Staff felt the registered manager included them in discussions about the service and they felt involved in service progression and development. Staff told us they were encouraged to take on extra responsibilities, as and when they felt they were ready to.

The registered manager kept up to date with their own training and told us that they understood the main challenges to the role. This included balancing the needs of a diverse group of people receiving care across four houses under one registration. They told us they addressed this through careful recruitment, to ensure that staff were suitable to work within the house they were allocated to and through devoting time to communication with the staff teams in each house so that they were aware of any potential problems or any suggestions for improvement.

Staff meetings were held regularly in each house. Staff told us that meetings were an opportunity for two way communications to and from the registered manager and senior staff. Staff told us that people's care was the most important item on the agenda, and that they discussed care with the aim of constantly improving people's experience. The meeting was also used to review the key worker system, discuss any changes in people's needs, and how these were to be met by the team. Staff communication was supported by a full and informative handover and notes in a communications book, which highlighted appointments and other significant information.

People told us they liked the registered manager and had respect for them. One member of staff told us, "The manager keeps people and staff welfare at the centre of [their] thinking all the time. They are very good at supporting us through difficult times."

Staff told us that they understood the scope and limit of their role and when to refer to another person for advice and support to ensure people received appropriate care.

The registered manager worked well in partnership with health and social care professionals to ensure people had the benefit of specialist advice and support. Daily notes and monthly updates contained information about how advice was to be incorporated into care practice. Health and social care professionals told us that they were consulted and that the registered manager worked well with them.

There were systems and procedures in place to monitor and assess the quality of the service. Staff told us that the registered manager discussed infection control, care planning, and changes in care needs with them regularly. The senior staff told us that they checked medicines regularly and fed back any discrepancies and we saw that audits for medicines were in place. The registered manager carried out additional audits to review the quality of the care provided. This included health and safety, medicines management, infection control, care planning and handling incidents. The results of audits were shared in staff meetings so that the service could improve.

The registered manager reviewed all incidents that occurred at the service. Each incident was analysed to identify patterns and trends which may indicate a person required additional support to maintain their safety or the safety of others.

The service adhered to the requirements of their registration with the Care Quality Commission (CQC). Statutory notifications were sent as required so that CQC had the information needed to make a judgement about how the service handled incidents.