

Methodist Homes Fairthorn

Inspection report

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Date of inspection visit:

01 November 2017

02 November 2017

Date of publication:

27 December 2017

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out this inspection on 1 and 2 November 2017. This inspection was announced, which meant the provider was given 48 hours' notice of our inspection visit. This was because the location provides a small domiciliary care service and we needed to be sure that someone would be available to meet with us.

We checked progress the registered provider had made following our inspection on 27 October 2016 when we found a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safeguarding service users from abuse and improper treatment. This was because the registered manager had not ensured the systems and processes in place were operated effectively to ensure people were protected from abuse and improper treatment.

Following the last inspection, we asked the registered provider to complete an action plan to show what they would do and by when to improve the key question of safe to at least good. We found improvements had been made in this area and the service was no longer in breach of this regulation.

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

People using the service lived in flats within a purpose built building on the outskirts of Sheffield. Not everyone living at Fairthorn received support with personal care; 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. At the time of this inspection seven people were provided with 'personal care.'

There was a manager at the service who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 told us they felt safe living at Fairthorn, "I feel very safe indeed, because of the care I get. I really feel cosseted with kindness and their expertise they seem to have deep understanding of our needs."

All staff we spoke with understood what it meant to protect people from abuse and what actions to take if they suspected someone was being abused.

There were enough staff available to ensure people's needs were met. The service had robust recruitment

procedures to make sure staff had the required skills and were of suitable character and background.

Procedures were in place to make sure people received their medicines as prescribed.

People were supported by staff who had the knowledge and skills necessary to carry out their roles in meeting people's needs. Staff were suitably trained and received regular supervisions and annual appraisals.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People were supported to access health and social care professionals to help maintain their health and wellbeing.

Positive and supportive relationships had been developed between staff and people living at Fairthorn. We saw people were treated with dignity and respect.

There was a range of activities available to people living at Fairthorn.

People received personalised care. Care records reflected people's current needs and preferences. Care records contained up to date risk assessments and these were reviewed regularly.

There was a clear complaints policy and procedure in place. People's comments and complaints were taken seriously, investigated, and responded to.

There were effective systems in place to monitor and improve the quality of the service provided.

The service had up to date policies and procedures which reflected current legislation and good practice guidance.

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.

There were up to date policies and procedures in place for staff to recognise and respond to any allegations of abuse. Staff had received training in this area and understood how to keep people safe.

Staffing levels were appropriate to meet the needs of people who used the service, and safe recruitment procedures were followed to make sure staff were of suitable character and background.

We found systems were in place to make sure people received their medicines safely.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the knowledge and skills necessary to carry out their roles in meeting people's needs. Staff were suitably trained and received regular supervisions.

People were supported to have maximum choice and control of their lives.

People were encouraged and supported to eat regular and balanced meals, where appropriate.

Is the service caring?

Good ●

The service was caring.

People and their relatives told us the staff were kind and caring.

Staff knew what it meant to treat people with dignity and respect, and we saw people had their privacy and dignity respected by staff at all times throughout the inspection.

Staff knew people's preferences and were keen to support people to be as independent as possible.

Is the service responsive?

The service was responsive.

There was a range of activities available to people to join in if they wanted to.

There was a comprehensive complaints and compliments policy and procedure. Feedback on the service was encouraged and responded to.

People's care records were up to date and regularly reviewed. This meant they reflected the person's current health and social care needs.

Good ●

Is the service well-led?

The service was well-led.

People, their relatives and staff told us the registered manager was supportive and approachable.

People living at Fairthorn and the staff were regularly asked for their views. We saw any concerns and suggestions were considered and acted upon.

The service had quality assurance systems in place, and up to date policies and procedures which reflected current legislation and good practice guidance.

Good ●

Fairthorn

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 1 and 2 November 2017 and was announced. The provider was given 48 hours' notice because the location provides a small domiciliary care service and we needed to be sure that someone would be available to meet with us.

The inspection started on 1 November 2017 and ended on 2 November 2017. It included telephone calls to people living at Fairthorn and their relatives on both these dates. We visited the service on 2 November 2017 to meet with the registered manager and staff working that day; and to review care records, and policies and procedures. We also visited two people in their own homes to ask their opinions of the service and to check their care records.

The inspection team was made up of one adult social care inspector and one 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. The expert by experience had experience in caring for older people and people living with dementia.

Before the inspection, we asked the provider to complete 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. Due to technical problems a PIR was not available and we took this into account when we inspected the service and made the judgements in this report.

Before the inspection we reviewed the information we held about the service, which included correspondence we had received and any notifications submitted to us by the service. A notification must be sent to the Care Quality Commission every time a significant incident has taken place. For example, where a person who uses the service has a serious injury.

We also contacted staff at Healthwatch and they had no concerns recorded. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection we spoke with five people who lived at Fairthorn and two of their relatives. We met with the registered manager. We spoke with four members of staff. We spent time looking through written records, which included four people's care records, four staff personnel files and other records relating to the management of the service.

Is the service safe?

Our findings

People told us they felt safe, "I feel safe, the main thing is the staff, in all this time I never wished I was anywhere else; safety, care and wellbeing are all here," "Everyone here feels safe, at night time we have night staff, always someone there" and "I am very happy here, I do feel safe." A relative told us "[Name of relative] feels safe generally because the staff are all so wonderful."

We checked progress the registered provider had made following our inspection on 27 October 2016 when we found a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safeguarding service users from abuse and improper treatment. This was because the registered manager had not ensured the systems and processes in place were operated effectively to ensure people were protected from abuse and improper treatment. We found improvements had been made in this area and the service was no longer in breach of this regulation.

All the staff we spoke with had undertaken training in safeguarding adults from abuse. Staff were able to tell us what constituted abuse and what they would do if they suspected abuse had taken place. Staff were confident any concerns they raised would be taken seriously by the registered manager and responded to appropriately. One member of staff told us, "Absolutely, there is no two ways about it. [Name of registered manager] would take any concern we [Staff] raised very seriously."

We saw the service had an up to date safeguarding policy and whistleblowing policy. Whistleblowing is one way in which a worker can report concerns by telling their manager or someone they trust. Staff we spoke with were aware of these policies and how they could access them. We saw the whistleblowing policy gave staff clear direction on other organisations they could contact if they didn't feel able to report their concerns internally.

Prior to this inspection we reviewed the safeguarding notifications we had received from the service within the last 12 months. There were ten in total. Three were regarding the safety of a person living at Fairthorn and were not about the service provided by any of the staff. The remaining seven were regarding medicines errors, poor recording, and poor moving and handling techniques. In all ten cases we saw they had been investigated thoroughly and action had been taken by the registered manager to reduce the risk of repeat events. Where care staff had been implicated we saw they were asked to reflect on what went wrong, what were the possible implications for people of what they had done, and what they would do differently next time. All the staff we spoke with who had completed a reflection record told us they found it a useful exercise.

In addition to keeping a record of all safeguarding concerns we saw the registered manager kept a record of any accidents and incidents that took place. These were described as not meeting the safeguarding threshold, however we saw the cause and effect of each accident or incident was investigated. Similar incidents were linked together to identify any trends and common causes, and action plans were put in place to reduce the risk them happening again.

This meant there were systems in place to keep people safe.

All the care records we looked at contained risk assessments for any areas people had been assessed as being at risk, such as medicines management, fire safety and risk of falls. These assessments identified the level of risk to the person alongside what action could be taken to reduce the risk. We saw people's risk assessments were regularly reviewed and updated as required. This meant the information available to care staff on how best to support a person accurately reflected their current level of need.

We checked four staff personnel files to see if the process of recruiting staff was safe. Each file contained references to confirm suitability in previous relevant employment, proof of identity, including a photograph and a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character. This confirmed recruitment procedures in the service helped to keep people safe.

We asked people if they thought there were enough staff to keep them safe. Comments included, "They always say is there anything else I can do for you, is there anything else you want? They never come in and rush out, they spend time with you," "The manager is trying to get more staff at the moment, and then they have to learn the ropes. The maintenance man is very good, very helpful," "I have a thing round my neck [pendant alarm] and a two way communication system so I feel safe and cared for" and "I never wait for more than a few minutes and they have just recruited some new staff so they are doing okay."

The registered manager told us everyone living at Fairthorn paid a weekly service charge to the registered provider, which included the cost of 'well-being checks.' This meant there was always a member of care staff on duty, including throughout the night. Care staff always carried a phone to respond to calls. Seven people living at Fairthorn received additional support from care staff, These people needed support under the regulated activity of 'personal care.' During the day there were two care staff employed to ensure these people's needs were also met.

Everyone living at Fairthorn had a pendant alarm they could wear around their neck or wrist, and fixed alarm pull cords in each room in their home so people could always summon assistance if required. In addition, care staff would visit people in their homes up to three times a day, if requested. Through the alarm system staff could also call people to check they were okay, have a chat and remind them of any upcoming events scheduled for the day ahead.

We checked whether people were supported to take their medicines safely. Most people living at Fairthorn were responsible for managing their own medicines. At the time of the inspection five people were receiving support in this area. Everyone who received a service had a communication book in their home and this contained a section to be completed by staff for everyone who received support with their medicines. The section included a Medication Administration Record (MAR). Care workers were expected to sign and record the time on the MAR every occasion the person was supported to take their medicines, or record a reason why it had been declined. All the MAR charts we looked at had been fully completed.

We saw the service had up to date and comprehensive medicines policies and procedures. Staff we spoke with told us they received training in supporting people with their medicines and were regularly observed by the registered manager to check they were supporting people correctly.

People told us, "They [care workers] do special care for me as I have problems with my legs and they come morning and night to put my special socks on and put cream on me. I know them all and they are very efficient, with a great sense of humour," "They [care workers] help me with my medication three times a day,

they are usually on time with it" and "They [care workers] help dress me and bathe me. I have two people to help me, they always wear gloves and aprons when performing care tasks or dealing with food and different ones when putting on ointments."

This meant people's medicines were managed safely and people were supported as required to take their medicines as prescribed.

Is the service effective?

Our findings

Two members of care staff we spoke with had recently joined the service and were in the process of completing their induction programme. We saw on care staff personnel files this was a comprehensive programme which included shadowing more experienced members of staff and undertaking a number of eLearning modules in areas such as, mental capacity and safeguarding vulnerable adults. New members of care staff did not work on their own until their induction was completed and signed off as competent by the registered manager.

The service had a 'Learning and Development Guide.' This listed all the core training staff were expected to complete as well as encouraging staff to undertake additional training and professional development relevant to their role and level of responsibility within the service. We saw the service had a training matrix which recorded all training courses staff had completed. The matrix also identified training that was still within date, training that was required in the next four weeks and training that was overdue that needed to be completed as soon as possible. We saw there were two members of staff on the matrix who were overdue in completing one area of training. The registered manager told us these members of staff were undertaking the training the following week.

A relative told us, "We have finally got a manager who knows what she is doing and it is fantastic; the staff are efficient and well trained." A person we spoke with commented, "They [Staff] are always having training in things, like how to lift people [safely]."

The registered manager held two personnel files for every member of staff. One contained a record of the training they had undertaken to date. The other was a record of their recruitment and on-going supervisions and appraisals.

Supervision is regular, planned, and recorded sessions between a staff member and their manager to discuss their work objectives and wellbeing. An appraisal is an annual meeting a staff member has with their manager to review their performance and identify their work objectives for the next twelve months.

The service had a '1:1[Supervision] Review Policy.' This stated, 'For all staff it is essential that a minimum of four 1:1 review meetings and a formal appraisal take place annually.' All staff we spoke with told us they had regular supervisions and yearly appraisals, and they found these sessions useful. The registered manager showed us their '1:1 tracker,' which listed each member of staff alongside the dates they had received supervision and the dates when it was next due. It also listed when staff had completed their appraisal. Staff personnel files we looked at confirmed these sessions had gone ahead as recorded. .

This meant staff members were aware of their roles and responsibilities and had the relevant skills, knowledge, and experience to support people living at Fairthorn.

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. For people living in their own home, this would be authorised via an application to the Court of Protection. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We did not observe any restrictions or restraints in place at Fairthorn.

We saw staff had received training about the MCA. Care staff we spoke with understood the importance of the MCA in protecting people and the importance of involving people in making decisions.

All of the care records we looked at contained signed consent to care and treatment records to evidence people had been consulted and had agreed to their support plan. This showed people had been involved in making choices and decisions about the care and support they received.

Some of the people living at Fairthorn needed support with meal preparation. Where this was the case, we saw this was clearly identified in their care records. The service also facilitated communal meals each week for people who wanted to share a meal together. The registered manager told us this included a brunch on Monday, and fish and chips were ordered in on Fridays for those that wanted them.

People told us all the staff monitored their health needs and they assisted them to access the appropriate health and social care support, as and when required. Comments included, "Well I have no problems with the staff, they seem to tell me if they are worried about me and have sometimes got the nurse to check me out. They are very aware of the needs of old people" and "[Name of member of staff] who bathes me tells me if there is anything they need to keep an eye on, like spots on my back and they check for pressure sores, they have provided a pressure cushion."

Is the service caring?

Our findings

People and their relatives told us the staff at Fairthorn were caring. Comments from people included, "All the girls [Staff] are helpful, they would do anything you want, I have nothing but praise for them, "Yes, they are almost without exception [caring] and some of them have such an understanding of what it is like to be old and why we do what we do. I can't imagine how I would have been at their age, so knowledgeable and mature. The other day I saw someone had dropped their shopping outside and they [Staff] didn't go out to help but that is the exception," "I can't speak highly enough of the care and attention I get from the staff. I feel comfortable with them" and "The carers [Staff] are lovely, some are better than others, but they do care. It's not just their job. They give me a lovely hot bath and stay and talk to me."

A relative told us, "[Staff are] 100% [caring], so many things they do that are kind and caring, [Name of relative] loves to laugh but she hasn't had much to laugh about lately but the staff get her laughing and smiling."

We asked people and their relatives if they thought the care staff treated them with dignity and respected their privacy. Comments included, "They [Staff] have this thing about privacy; they don't talk about anyone else at all. They spend time talking to you and listening within the time limits of 15 minutes they are there with you," "Yes, they always knock on the door before they come in," "[Name of relative] knows the staff and she can lock the door and they always knock before they come in" and "They [Staff] suggested [Name of relative] needed a new dressing gown, they make sure everything is in place when they take her for a shower. It is a given they treat her with dignity and respect; they never override her wishes."

The service had a 'Privacy and Dignity' policy. All staff we spoke with knew what it meant to treat people with dignity and respect. We asked staff to describe examples of what this meant in practice. Responses included, "Everyone is treated as an individual. We always close curtains and shut doors before providing personal care. We talk to people, tell them what we are planning to do and give reassurance all the time" and "We give people choices, whatever they want goes. We always respect people's privacy."

Staff clearly knew all the people living at Fairthorn well. They knew who needed care and support, those that liked to be contacted every day and those that preferred to be left to their own devices. Staff told us they enjoyed their jobs. Comments included, "I read care plans and interact with people at the group meals to get to know people. I enjoy doing this" and "I love working here. We are like one big family."

People and their relatives told us the staff encouraged them to be as independent as possible. One relative said, "They [Staff] try every day to increase her independence, they ask her if she wants to help them. They [Staff] are always trying to promote her independence, they know her so well and are good at reading her and knowing what mood she is in."

Throughout the inspection we saw staff were caring. For example, we saw one person being supported to get to the bathroom. We saw care staff had gone ahead to check the windows were closed and blinds drawn, they had started to run the bath and placed towels on the radiator to warm up. They chatted with

the person and explained what they were doing.

Is the service responsive?

Our findings

The registered provider employed a part-time Chaplin, which included working four hours a week specifically as activity coordinator. As part of this role the Chaplin produced a weekly newsletter. We saw these included information about upcoming events and activities for the week ahead as well as announcing people's birthdays. The registered manager told us everyone's birthday was celebrated in the communal lounge and all were welcome to come along for a drink and slice of birthday cake. People told us they enjoyed celebrating each other's birthdays.

We saw the service also had a number of activities advertised on their notice board, including board games, and arts and crafts sessions. There was also a quiz taking place that evening. People told us they were looking forward to it.

People and their relatives told us there were things to participate in if they wanted to, Comments included, "I do go to quite a few things. We had a lovely session with a singer and a pianist. They [Activities] are very enjoyable and well run. I also go to meetings with the Chaplin and meetings called 'Talking Points,' where we talk about memories, such as World War Two," "I am quite a busy person, I am doing a puzzle, I do some pottery and painting and we try to get together and do some craft work together. Once a week we get together to play Scrabble and have a little tippie of red wine," "My [Name of relative] was very shy of strangers. Now she is involved in playing bingo, craft events, resident's birthdays and loved the sing along she went to. She loves going to the social events accompanied by staff, which is amazing, they are gradually breaking her defences down" and "I play Scrabble and there is a quiz today, there are bits and pieces all the time."

The service had an 'End of Life Planning' procedure. The registered manager told us the Chaplin was able to meet with people to discuss and record their wishes, if they wanted. The service had a statement of purpose which stated, 'Whilst our [Methodist Homes Association (MHA)] beginnings were founded in the Methodist Church, and we are proud of our Christian heritage, we have always aimed to provide services for all, based on need and not faith or religious affiliation. All applications and assessments will focus on each individual's needs and services will be delivered in a personalised way to meet those needs. We [MHA] offer inclusive services, welcome diversity and we are committed to achieving equal opportunities.' All the policies and procedures we looked at reflected this ethos.

In addition all staff were expected to undertake 'Final Lap – Supporting end-of-life care' training. The registered manager told us this included an understanding of how different faiths and cultures acknowledge death, and staff were expected to complete the reflective journal, which accompanied the training.

People and their relatives told us the registered manager was approachable and responsive. A relative told us, "The best thing about the service is their responsiveness, if I need help or my [relative] needs help, they jump to it quickly so I don't have to chase. Reliability and a quick response, is what they do really well."

We saw the service had an up to date complaints policy. We saw this was displayed on the noticeboard and

was also part of the 'A guide to Your Service at Fairthorn.' This was a document produced by the registered provider and we were told by the registered manager everyone living at Fairthorn had a copy.

The policy gave people details of who to complain to at every stage and who to contact if they weren't satisfied with their response. The registered manager kept a record of all complaints, comments and compliments received about the service. We saw there had been 18 compliments since the last inspection and eight complaints. We saw these had been recorded with any action taken to resolve the concerns raised.

We looked at people's care records. There was copy locked in the office and one in the person's home. We saw they contained personal information and what, if any, support the person needed in each area of daily living, such as washing, skin care and nutrition. We saw the information was person centred and the register manager told us there was training planned for care staff on writing person centred care records.

Care records contained written evidence of regular reviews taking place. We saw these reviews involved people and their relatives where appropriate. People and their relatives confirmed this was the case. Comments included, "Yes it [Care plan] is in the flat and the carers write in it when they come to see me. Everything about me is in it, it is very comprehensive, a new person could read it and know everything about me," "Yes, I sat down with [Name of relative] and the manager and devised the original one [Care plan], as I am so busy we often review it over the phone, as everything is working smoothly, I chose that method. They keep in regular touch to let me know about things. They are open willing and friendly," "They review my care plan on a regular basis. I go in [to the office] and talk about it" and "I have a care plan as I am a bit complicated. It has just been updated."

Regular reviews meant people's care records were kept up to date and were reflective of the person's current situation.

Is the service well-led?

Our findings

The registered manager had been in post for approximately one year at the time of this inspection. People, their relatives and staff spoke highly of her. It was clear from this she was well respected. Comments from people and their relatives included, "[Name of registered manager] is fantastic" and "[Name of registered manager] is very efficient and often around in the lounge or at mealtimes, she is very approachable."

Staff told us, "[Name of registered manager] is amazing, always got time for you, always explains things. I do feel supported," "[Name of registered manager] is the best manager we have ever had" and "[Name of registered manager] is approachable and straight to the point."

We asked if people, their relatives and staff were asked for their views on the service provided and given any opportunities to make suggestions for improvements.

People told us there were regular meetings for everyone living at Fairthorn. "They hold resident's meetings and ask for feedback, on social events and other issues, I don't go now as it has got too difficult for me to hear anything so I wait for the minutes and if feedback is required, I go to the [registered] manager and tell her or ask for items to be raised next time" and "We have residents meetings every two months but they are usually when I am out but I receive the minutes."

We were told 'resident's meetings' took place every two months. The dates of upcoming meetings were displayed on the noticeboard. We saw copies of minutes from the previous two meetings. We saw there were standard agenda items, such as health and safety as well as the opportunity for people to raise any issues they had.

Staff told us team meetings were held every month. There was an expectation for everyone to attend and the time had been changed to enable night staff to come to the meetings. We saw the minutes for the previous three staff meetings. A wide range of topics were discussed, including upcoming training events and any updates to policies and procedures. Staff told us they found these meetings informative.

The registered provider sent out survey questionnaires to every year to people living at Fairthorn and the staff. We saw the results from the May 2017 when 64% of people responded. The results were mostly positive, with 100% of respondents agreeing they felt safe living at Fairthorn and 83 % were satisfied with the service they received from the registered manager. 100% of staff had responded to their most recent survey questionnaires. There were five questions specifically about the support staff received from their manager. 82% responses in this area were positive.

The service had a comprehensive set of policies and procedures covering all aspects of service delivery for people, their relatives and staff. These were produced by the registered provider. We saw they were regularly reviewed and updated accordingly to make sure they represented the most up to date legislation and good practice guidance. All staff told us they knew about the policies and procedures and knew how they could access them. We saw there were paper copies held in the care office and staff told us they could access them

online via their 'carer's account.'

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. The registered manager told us they had a yearly audit plan produced by the registered provider. This meant every month the registered manager was aware of the areas they needed to audit. This varied depending on the required frequency of each audit. In addition to the medicines and care record audits we saw audits were undertaken for all areas of service delivery, such as food safety, cleaning and staff files. We saw audits were signed off when completed and any actions required as a result were recorded.

The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The registered manager confirmed that all notifications required to be forwarded to CQC had been submitted. Evidence gathered prior to the inspection confirmed that a number of notifications had been received.