Northumbria Care Limited

Springfield House Care Home

Inspection report

Springfield House
Bunker Hill
Philadelphia
Tyne and Wear
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24 May 2016

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Springfield House Care Home is registered to provide accommodation and personal care for up to 50 people, including some people who were living with dementia. At the time of our inspection there were 50 people living at Springfield House Care Home.

This inspection took place on 19 May 2016 and was unannounced. This meant the provider did not know we would be visiting. A second day of the inspection took place on 24 May 2016 and was announced. We last inspected the service in May 2014 and found the provider was meeting the regulations we inspected against at that time.

The home had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (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.

The home had a friendly relaxed atmosphere; we observed people living at the home were happy and comfortable in the company of all staff.

People and relatives were complimentary about the care and support provided. A health care professional told us, "Staff genuinely care for people, its lovely."

Staff had a clear understanding of how to safeguard people and were able to describe the signs of potential abuse, and the actions they would take if they had concerns about a person's safety or treatment.

The provider had an effective recruitment procedure in place. Appropriate checks were conducted prior to new staff commencing work.

People and relatives told us there were enough appropriately skilled staff available. The registered manager reviewed staffing levels to ensure people's needs were met.

The provider had a thorough business continuity plan in place to ensure people would continue to receive care following an emergency.

Where risks were identified they were assessed and managed to minimise the risk to people who used the service and others.

Medicines records we viewed were complete and up to date. This included records for the receipt, return and administration of medicines.

The provider had a programme for the maintenance of the premises to ensure the interior remained at a

high standard of appearance. The premises had been adapted to support those living with dementia.

People were provided with a choice of healthy food and drinks to help ensure that their nutritional needs were met.

People were supported to make decisions about their care and support and staff obtained their consent before support was delivered. Where people had no family or personal representative we saw the service assisted people to obtain support from an advocacy service.

Relatives and people told us staff were kind, thoughtful and caring. We observed many positive interactions between staff and people living at the home.

The provider had an extensive activities programme which was built around people's interests. The home had researched stimulating activities for those living with dementia. People were supported to maintain links to their local community.

The home had developed good working relationships with external health care professionals visiting the service. We saw evidence in care plans of co-operation between care staff and healthcare professionals including, occupational therapists, nurses and GPs.

People were treated with dignity and respect. Staff had a sound knowledge of the people they supported, and their likes and dislikes.

Care plans reflected people's individual needs. People, relatives and health care professionals were involved in regular reviews.

The provider had clear visions and values, placing people at the centre. The registered manager and care manager researched a number of initiatives to improve the quality of people's care.

Feedback was sought from people, relatives and staff in order to monitor and improve standards.

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.

A safe and robust recruitment procedure was in place which ensured people were supported by sufficient and suitable staff.

Medicines were administered safely.

Staff demonstrated a good awareness of safeguarding and the process of reporting concerns.

Is the service effective?

Good

The service was effective, but there were areas for improvement.

The provider offered comprehensive training and development opportunities for staff. Staff told us they regularly attended supervisions and appraisals.

People were provided with a choice of high quality meals which met their personal preferences and supported them to maintain a balanced diet.

People were always asked to give their consent to their care, treatment and support. Where people lacked capacity best interest discussions had taken place to ensure that restrictions applied were indeed in the best interests of the person concerned.

Is the service caring?

Good

The service was caring.

People were treated with dignity and with kindness and respect.

People were promoted to maintain their independence.

Staff had received training to provide compassionate end of life care.

Is the service responsive?

Good

The service was responsive.

The provider built an activity programme which had people's interests and hobbies at the heart of it. Relatives and visitors were involved in social evenings.

Care plans were person centred and detailed people's preferences. People were involved in planning their care and support.

People and relatives we spoke with told us they had no complaints about the care provided at the home.

Is the service well-led?

Good

The service was well led.

People and relatives expressed confidence in the registered manager. The provider had developed a clear vision and values which staff repeatedly demonstrated.

People, relatives and staff were encouraged to express their views and opinions about the services.

Systems were in place to monitor, identify and manage the quality of care.

Springfield House Care Home

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 over two days and was conducted by an adult social care inspector. On the first day 19 May 2016 the visit was unannounced which meant the provider and staff did not know we were coming. The registered manager was advised we were returning on 24 May 2016.

Prior to the inspection we reviewed information we held about the home, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We also contacted the local authority commissioners for the service and the local authority safeguarding team, the clinical commissioning group (CCG) and the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. None of these organisations raised any current concerns about the home.

During this inspection we spoke to six people who lived at Springfield House Care Home, six family members, the registered manager, the managing director, the care manager, two seniors, an activity co-ordinator, an administrator, two maintenance support staff, five care assistants, and two kitchen staff.

We looked at five people's care records and four staff files including recruitment information. We reviewed medicine records and supervision and training logs, as well as records relating to the management of the home.

We carried out an observation using 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 undertook general observations of how staff interacted with people as they went about their work.

We looked around the home and gardens, visited people's bedrooms with their permission and spent time with people in the communal areas.

Good

Is the service safe?

Our findings

People told us they felt safe living at Springfield House Care Home. One person said, "I have no worries, the staff are marvellous." A relative told us, "I have no doubt my [family member] is safe." Another said, "I have complete piece of mind." An external health care professional commented, "Not a sign of any safeguarding issues."

Staff we spoke with were passionate about ensuring people were safe. One staff member said, "If I had concerns I would raise it with the manager." Another said, "We have all completed the training. I know the signs to look out for." Records confirmed that all staff including non-care staff had completed safeguarding training.

The registered manager had investigated all concerns raised and made appropriate referrals to the local authority safeguarding team. Safeguarding actions were recorded and analysed to identify any trends to ensure people's safety was maintained.

The home was clean and bright with a cosy feel. People's rooms were personalised with their own belongings. One person told us, "I have my own room its lovely here." There were three large lounges, an activities room and a large dining room. One lounge had access to a large well-presented decking area which had raised planted beds and flowering hanging baskets. Ample seating was available with large sun parasols to protect against the sun. Corridors were filled with crafts people had produced and images of activities people living at the home had taken part in. In one corridor a large map of the world was on display with pins indicating where people had visited.

We reviewed accident and incident records. We saw accidents were recorded in a timely manner and appropriate action taken. The registered manager advised the information was evaluated every three months to identify any trends or contributory factors. No trends had been identified.

Where risks were identified, a risk plan was introduced into people's care plans. The risk plan outlined the risk and described the actions care staff should take to minimise the risk. Where one person was prone to falls the risk plan directed staff to ensure the person wore suitable footwear, glasses and their walking frame was always available. The provider also had general environmental risks assessments to ensure people and staff were safe.

People received their medicines safely. Medicines were stored securely within a treatment room. We saw a photograph of the person was attached to their individual rack of medicines. The medicines administration records (MARs) we viewed showed no gaps or discrepancies. A MAR is a document showing the medicines a person has been prescribed and records when they have been administered. One person received their medicines covertly; we saw a letter authorisation from the person's GP and thorough directions from the pharmacist on how the medicines were to be given.

Drug fridge temperatures were checked and found to be regularly monitored and within the required range.

Medicines records were up to date and accurate. This included records for the receipt, return and administration of medicines. We saw individual checks and monthly audits were conducted by seniors who had received medicines training and regular competency reviews.

We observed the administration of medicines; we noted people were supported as detailed in their care plans. The senior who administered medicines was patient, explained what the medicine was and gave people the time they needed to be comfortable in taking their medicines.

People and relatives we spoke with told us there was sufficient staff to meet the needs of people. During our visit we noted staff responded to people's requests swiftly and spent time chatting and engaging in activities with people. The registered manager told us staffing levels were calculated to ensure people received the support they needed. One person told us, "There are plenty of staff." Another said, "I don't have to wait." A relative commented, "When I call in I see staff, there is always someone about." At the time of our inspection there were six care staff, two seniors, a care manager, an activity co-ordinator and the registered manager. At night three care workers and one senior were on duty. The registered manager told us, "We don't like to use agency and are currently recruiting for an additional care worker for nights to cover when people are on leave."

The provider operated a safe and effective recruitment system. We examined four staff recruitment files. We found each recruitment file held an application form, interview record, two completed reference checks and Disclosure and Barring Service (DBS) check. DBS checks help employers make safer decisions and help to prevent unsuitable people from working with vulnerable adults. We noted the registered manager conducted reviews of the recruitment files prior to an applicant starting work.

The provider had a comprehensive business continuity plan which covered areas such as disease e.g. influenza pandemic, fire, flood, computer data loss and power failure. It gave staff clear directions what action to take to ensure people would continue to receive care following an emergency. One of the objections reported, 'Above all it provides for the safeguarding, safety & comfort of our vulnerable service users.'

In the entrance of the home an emergency box contained torches, break lights, emergency blankets, a megaphone and people's personal emergency evacuation plan (PEEP) which detailed action for staff to be taken in the event of an emergency ensuring people are evacuated safely.

The provider carried out monthly health and safety checks to ensure people lived in a safe environment. All records relating to the maintenance and safety of the building were up to date and monitored.

Good

Is the service effective?

Our findings

Relatives and people we spoke with told us staff had the appropriate skills and training to care and support the people living at Springfield House Care Home. One person told us, "I am well looked after." Another said, "They are well trained having been a nurse I can see."

The provider offered a comprehensive training and development programme which included moving and handling, safeguarding, dementia care, mental capacity and fire awareness. The registered manager advised that consideration was given for training when a pre-assessment was conducted for a new person coming to live at the home to ensure the staff had the skills to support the person. Staff we spoke with told us they had opportunities to take part in a range of training. One staff member said, "We have loads of training, we are always doing something new." Another staff member commented, "The training is really good here they let us know when we had to redo training."

Supervision and appraisals were up to date. The registered manager advised staff received six supervisions a year and an appraisal annually. We saw supervisions were conducted by the registered manager, care manager and seniors and give staff the opportunity to discuss the home and their own development.

People told us they enjoyed the meals. One person said, "It's beautiful." Another commented, "You can ask them for anything."
We observed mealtimes during our visit. People had a choice of taking their meal in the dining room or in their own room. Dining room tables were dressed with a table cloth, place mats, cutlery, condiments cup and saucer, a glass and a cotton napkin.

People were offered a drink whilst they sat at the dining table. Staff asked people if they wished to protect their clothes and offered a tabard. Meals were plated in the kitchen and transported to the dining room via a hot trolley ensuring the meals remained at the appropriate temperature. Kitchen staff had sound knowledge of people's nutrition requirements and their preferences.

Staff plated up both options and showed them to each person to select their choice. We noted meals were plated on a solid coloured plate to assist people living with dementia. Referring to the plates one staff member told us, "It's a discreet colour and doesn't shout look I'm different." Other plates had a rim which allowed people to remain independent.

Throughout the meal time staff were attentive and noticed if people were not eating. One person expressed that they didn't like their meal, "I like fish to look like fish", immediately the person was offered a second option. Staff encouraged people to be as independent as they could be however they intervened if they saw a person needed support, but always sought permission before assisting.

People who required more support were served their meal in the activities room which was transformed into a dining room at mealtimes. People received the support as detailed in their support plans. We observed one staff member chatted to the person, described what the meal consisted of and advised the person what

was on each spoonful. They didn't rush the person ensuring their mouth was clear before offering more.

The provider used a frozen food system which also provided pureed diet, pre-mashed diet and fork – mashable diet. The registered manager told us, "It's a great system, we know the nutritional value of all the meals." We saw pureed meals were moulded to retain their natural appearance.

Refreshments were made available throughout the day and water dispensers were located around the home. Complimentary tea and coffee was available to visitors and visitors were able to join people for a meal at a small charge.

We saw evidence in people's care records that the provider ensured people had access to external health professionals when required such as the falls team, optician, dietitian, tissue viability nurse and chiropodist. The registered manager told us about the 'Coal Field Project' a GP weekly ward round. Whilst the project had ceased the registered manager had developed a close partnership with the visiting GP and had retained the weekly visit. This meant people had access to the GP on a weekly basis.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager advised 45 people living in the home were subject to DoLS. The provider had a system in place for monitoring and requesting authorisations to ensure no people were deprived of their liberty without authorisation. Care plans we viewed contained a mental capacity assessment form which did not reflect current MCA guidance. We discussed the suitability of the form with the registered manager who stated they had received this form and information during MCA training and following advice from the local authority in 2014. Following our inspection visits the provider advised us the documentation we saw was relevant to when the initial MCA assessments had been made. During the inspection the registered manager showed us a new mental capacity assessment which they advised they would implement for new decisions immediately.

We asked the registered manager if anyone within the home was receiving covert medicines. We were informed one person was, as they often refused to take their medicines. An authorisation from the person's general practitioner (GP) was in place. Following our visits to the home the provider sent us a letter from the GP confirming this decision had been made following a best interest discussion involving care workers and the person's family. The details of this discussion had been recorded in the person's medical notes.

We noted in one person's care plan it was decided for safety and privacy their door would be locked as they were cared for in bed. This was recorded on a risk plan and had been made following discussions with the local safeguarding team and the person's family.

We discussed the recording of best interest documentation with the registered manager and care manager.

On our second day of inspection the registered manager had consulted the MCA code of practise and the care manager had obtained an example of best interest documentation which they advised would be introduced immediately.

The provider had adapted the premises in a number of ways to support those living with dementia for example toilet seats were a contrast colour to the flooring and clear images were attached to toilet and bathroom doors. LED lighting had been installed throughout the home, this gave a bright illumination which enabled people to navigate the home easier. Memory boxes were affixed on walls next to people's rooms personalised with images and objects from people's lives to indicate their rooms.

Good

Is the service caring?

Our findings

People told us they were happy living at Springfield House Care Home. One person told us, "The staff are amazing they couldn't do enough." One relative told us, "I am extremely happy as I know [family member] is well looked after." An external health care professional told us, "Staff genuinely care for people, its lovely."

Throughout our two day inspection we observed positive interactions between staff and services users. We noted all staff including maintenance support staff and kitchen staff all had warm friendly relationships with people. One person said, "If you are looking a little sad they will come to you and ask you what is wrong."

The home had a relaxed and happy atmosphere. Staff engaged with people as they went about their duties and took time to sit with people and have a chat. One relative told us, "I know staff are taking time to sit with my [family member] as when I visit they recall things only my [family member] could have told them." Another relative said, "[Family member] likes motorbikes, a new member of staff has a Harley Davidson and they took time to take [family member] out to see it. [Family member] was having a bad day that day, he was so much brighter after."

The registered manager told us, "[Staff member] came in on their day off to accompany [person] to a family wedding. She supported that person so the whole family could enjoy the day."

People were treated with dignity and respect by staff. One person told us, "They treat me well." Another said, "Oh yes very polite". Staff clearly knew people well. They were able to describe people's likes and dislikes. One staff member told us, "[Person] will pull at their mouth we know that means they would like a drink." Staff were able to describe how to treat people with dignity and respect. One staff member told us, "We make sure a person is covered". Another said, "I treat people how I would like to be cared for." We saw staff knocked on doors and sought permission before entering.

Relatives told us they could visit at any time and they were always made to feel welcome. One relative told us, "I call every day and staff are so friendly." Another said, "Staff let me know how [family member] has been as soon as I come in." Another commented, "[The registered manager] will always have a chat." The registered manager told us, "We support the whole family." One relative said, "We recently had a family crisis and the manager told us you look after yourself and don't worry we will look after [person], it was a weight off my mind."

Where people had no family or personal representative we saw the home provided information about independent advice such as advocacy services. Information was displayed outlining the support available and detailing the local advocacy service. We saw within one person's care records the home had obtained an independent mental capacity advocate (IMCA) to support the person.

Where people wished an end of life plan was in place. We saw discussions had taken place with the person and the people important to them and their preferences and wishes were clearly documented. A number of staff had received specialist training in palliative care and in end of life care planning. The registered

manager told us, "We have an end of life specialist who will sit down and discuss everything with the person and family."

Information was on display promoting the 'Dying Matters' awareness week. Dying Matters aims to raise public awareness about the importance of talking more openly about dying, death and bereavement and of planning ahead. We saw the home had received many compliments over the year, one commented, 'From the bottom of our hearts we will never forget the kindness and compassion each and everyone showed to [person]. In her last days with you the kindness you all gave to [person], [family] was unbelievable.'

Good

Is the service responsive?

Our findings

Springfield House Care Home offered an extensive range of individual and social activities. Daily activities were displayed in the entrance and included light exercise, easy listening, word games, reminiscing, pony and dog therapy and going out for lunch. One person told us, "I like to do some writing." Another said, "I play dominos that suits me." A relative told us, "[Person] can't take part in activities these days but they like to watch so staff always make sure they ask."

The registered manager told us children from a local primary school attended every Friday and join people in a drawing session. The activities room was filled with crafts people had made. The provider encouraged families to take part in activities and arranged social evenings, on the second day of our visit staff were preparing for a curry and race night. Activity co-ordinators spent time finding out about people's life history, previous and current interests to build into the activities programme. One relative told us, "The activities co-ordinator found out my [relative] liked to crochet so they introduced a craft class and my [relative] taught other residents, you could see her self-esteem improve, she was so proud."

Photographs were displayed throughout the home showing people enjoying activities. A large handy craft piece of art work using different knits and pulled fabrics spelling Springfield House was on display in a corridor. Each individual letter had been crafted by a person living at the home. The home had a hairdressing salon with a red and white barber's pole and neon open sign outside the door. We saw people enjoyed the experience, with the hairdressers singing along to the background radio. We observed one person being assisted to the lounge a staff member commented, "Oh [person] you look lovely you are all posh."

We asked the registered manager what activities were available for people living with dementia. The registered manager advised, "[Staff member] is a dementia champion, all staff have received dementia training, we often look at the Stirling University website for guidance." The provider obtained items from Beamish Museum including World War 2 Memorabilia including babies' gas masks to support reminiscence activities. People attended an external a weekly meeting of 'singing for the brain.' Large stimulating games were throughout the premises, an oversize scramble board was in the dining room and a sliding puzzle attached to the wall at the end of a corridor. One staff member told us, "[Person] spelt a word on the scramble I didn't even know."

The managing director showed us the sensory garden. The enclosed garden had been planted with fruit trees including plums, pear and apples and plants which delivered a strong scent. The designer ensured no poisonous plants were used so people could explore all their senses without any dangers. A large water feature was present which people could touch and feel the flow of the water over a large metal sphere. Seating was available for people to relax and enjoy the garden. The area also held trees and plants family members had planted in memory of their loved ones. The Managing director recalled happy memories of previous people who had lived at Springfield House. A quote was displayed on the wall of the garden, 'To me, being able to relax in a beautiful garden is the best possible medicine one that does not need a prescription.'

The provider had recently purchased a new mini bus for the home. The managing director advised it had been specially designed and seating had been removed to accommodate more wheelchairs. People told us they enjoyed going out in the mini bus.

Relatives and People we spoke with had no concerns or complaints about the home. One person said, "I have no complaints." Another said, "If I had any concerns I would just speak to the manager." A complaints procedure was displayed in the home. We saw complaints were recorded and investigated.

The provider had an electronic system to record people's care records. All information required inputting on to a computer system including daily records, professional contacts and weight records. Currently senior staff only had access to inputting the data however the provider was considering introducing additional devices. Paper copies of people's care plans were stored within the care staff office. We raised concerns that the information which care staff had access to may not be current. The registered manager advised that if a change happened for example in moving and handling, the care plan would be up dated and staff given the information in a 'toolbox ' meeting where all staff are gathered together and advised of the change. They also stated the information was recorded on the communication board. Staff we spoke with were confident they had up to date information and care plans reflected people's current needs.

Care plans contained individual care plans and covered such areas as activities, cognition, continence, daily life, financial, medication, mobility, personal care and end of life. Care plans held a thorough account of a person's life history and personal information. Each plan reflected the person needs, choices and preferences, with clear directions for staff. We saw care plans outlined how to support the person in a way they wanted and needed.

The home was dedicated to ensuring people had input into their care. We saw emergency health care plan (EHCP) were in place were people had chosen. With the support of external health care professionals and discussions with people and people important to them a plan was created, by planning ahead hospital admissions become less distressing and a person's remaining months can be lived according to their wishes.

Good

Is the service well-led?

Our findings

People and relatives we spoke with were complimentary of the quality of care and support provided at Springfield House Care Home. One relative told us, "The people at the top are so passionate about caring for people and you can see they give clear directions which staff embrace." Another said, "I can't praise them enough."

Springfield House had clear defined visions and values which placed people first and recognised the value of motivated staff. It stated, 'Understand all of our resident's 'individual needs, wishes & desires. Promote & continually develop 'individual person centred care, at every stage ultimately through to end of life care. We highly value, constantly train & seek to motivate all of our employees. To be innovative and proactive in empowering people with dementia.' It was evident from relatives and people's comments the home honoured its values.

The registered manager demonstrated a sound knowledge of the people living at the home and their relatives. They were driven to provide the best care for people and had introduced a number of initiatives in the drive for excellence. The registered manager had introduced the 'My Home Life.' My Home Life is a UK-wide initiative that promotes quality of life and delivers positive change in care homes for older people. It promoted effective communication for both people and staff. We saw displayed within the dining room a 'You asked – we did' board which reported one person requested liver at mealtimes and how the home spoke to the menu provider and liver was placed on the menu.

Staff had many different formats available to express their views about the service. We saw 'toolbox meetings' were used to cascade information quickly to staff. We saw the home used a range of creative methods of engaging with staff with the use of images and descriptor words to start conversations. The care manager said, "We found things about staff we never knew." One staff member said, "We definitely have a voice."

The home used research from Dementia Services Development Centre (DSDC), University of Stirling. DSDC is an international centre of knowledge and expertise dedicated to improving the lives of people with dementia. Many areas of best practise had been implemented including the sensory garden, dementia friendly environment and staff training.

Staff told us they enjoyed working at the home. One staff member told us, "It's like working as a big family." Another said, "We support each other." We observed staff worked well as a team, without a word spoken staff stepped in to support each other. There was harmony and understanding between all staff, from the managing director to domestic support all placed the people living at the home first.

The registered manager had an established management structure and was fully supported by the managing director and the care manager. Staff we spoke with told us they were supported in their roles. One staff member said, "I can go to [the registered manager] and [care manager] with anything, they listen." Another staff member said, "[The managing director] puts people first and doesn't think about the cost."

The home had an established system to monitor and review the quality of service it was delivering. We saw the registered manager had oversight of the workings of the service, with involvement in recruitment, accidents and incidents, safeguarding and medicines reviews.

The registered manager recognised the importance of positive relationships between people, relatives and staff, and the community. They were instrumental in maintaining an open and family culture which focused on the people living at the home. Relatives were appreciative of the registered manager's involvement in their family member's care. One relative told us, "I don't live in the area and [the registered manager] went to get my relative and made them so welcome." Another said, "[The registered manager] has helped us all."

The managing director told us, "We send out questionnaires annually but only a small number were returned." We saw monthly resident and relative meetings were held. The registered manager said, "I am here at any time for residents and relatives." One relative said, "[The registered manager] is amazing she listens and things get done."

The registered manager had notified the CQC of all other significant events which have occurred in line with their legal responsibilities.