Care Quality Commission

Care UK Learning Disabilities Services Limited

Care UK - 89 Grosvenor Avenue

Inspection report

89 Grosvenor Avenue
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Surrey
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Ratings

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

Overall summary

This inspection took place on 28 July 2015 and was unannounced. At the last inspection on 25 September 2013 we found the service was meeting the regulations we looked at.

89 Grosvenor Avenue is a care home that can accommodate up to five adults with personal care and support needs. The home specialises in supporting people living with a learning disability or autistic spectrum disorder. There were five people living at the home at the time of our inspection.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Although staff were suitably trained and knowledgeable about the care and support people required, we found the work performance and professional development of staff was not formally appraised by the registered manager. The meant staff might not be appropriately supported to carry out all the duties they were employed to perform. Furthermore, the registered manager was unable to locate Hospital Passports that we were told had been developed for everyone who lived at the home. Hospital Passports are important documents that contain information medical staff need to know about a person and their health care needs in the event of them being admitted to hospital.

People were safe living at the home. Staff knew what action to take to ensure people were protected if they suspected they were at risk of abuse or harm. There were appropriate plans in place to ensure identified risks to people were minimised. Staff had access to appropriate guidance and knew how to keep people safe in the home and the wider community. The registered manager ensured regular maintenance and service checks were carried out at the home to ensure the environment was safe.

People using the service and their relatives told us they were happy with the quality of the care and support provided by staff working in the home. Staff looked after people in a way which was kind, caring and respectful. Our observations and discussions with people using the service and their relatives supported this. We saw staff spoke with people in a warm and respectful way and ensured information they wanted to communicate to people was done in a way that people could understand. Staff knew how to ensure people received care and support in a dignified and respectful way.

People were encouraged to maintain social relationships with people who were important to them, such as their relatives. There were no restrictions on visiting times and we saw staff made peoples' guests feel welcome. Staff encouraged people to participate in meaningful social, educational and vocational activities that interested them. Staff also supported people to maintain their independence so far as possible, as well as learn new independent living skills, where appropriate.

Care plans had been developed for each person using the service, which reflected their specific needs and preferences for how they were cared for and supported. These plans gave clear guidance and instructions to staff about how they should care and support people and ensure their needs were met. Consent to care was sought by staff prior to any support being provided. People were involved in making decisions about the level of care and support they needed and how they wanted this to be provided. Where people's needs changed, the service responded by reviewing the care and support people received, which included their care plan.

People and their relatives felt comfortable raising any issues they might have about the home with the registered manager. The service had arrangements in place to deal with people's concerns and complaints appropriately.

People were supported to keep healthy and well. Staff ensured people were able to access health care professionals and services quickly when they needed them. Staff worked closely with other health and social professionals to ensure people received the care and support they needed. People were encouraged to drink and eat sufficient amounts to reduce the risk to them of malnutrition and dehydration. People received their medicines as prescribed and staff knew how to manage medicines safely.

There were enough suitably trained and competent staff to care for and support people. The registered manager continuously reviewed and planned staffing levels to ensure there were enough staff to meet the needs of people using the service.

The registered manager understood when a Deprivation of Liberty Safeguards (DoLS) authorisation application should be made and how to submit one. This helped to ensure people were safeguarded as required by the legislation. DoLS provides a process to make sure that people are only deprived of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them.

Summary of findings

The registered manager demonstrated good leadership. It was clear they understood their role and responsibilities, and staff told us they were supportive and fair. The registered manager encouraged an open and transparent culture. They proactively sought the views of people, relatives, visitors, staff and external health and social care professionals about how the care and support people received could be improved.

The provider and managers carried out regular checks of key aspects of the service to monitor and assess the safety and quality of the service that people experienced. The registered manager took appropriate action to make changes and improvements when this was needed.

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.

People told us they felt safe living at 89 Grosvenor Avenue. Staff knew how to recognise the signs that could indicate people were at risk of abuse. They also knew how to report any concerns they had, to ensure people were appropriately protected. There were enough staff to meet the needs of people using the service.

Risks were identified and appropriate steps taken by staff to keep people safe and minimise the hazards they might face. Management consistently monitored incidents and accidents to make sure people received safe care. The environment was safe and maintenance took place when needed.

People were given their prescribed medicines at times they needed them.

Is the service effective?

Requires improvement 

Some aspects of the service were not always effective.

Although staff were suitably trained and were knowledgeable about the care and support people required, we found the work performance and professional development of staff was not appraised at regular intervals. The meant staff might not be appropriately supported to carry out all the duties they were employed to perform. The registered manager was also unable to locate Hospital Passports that we were told had been developed for everyone who lived at the home. Hospital Passports are documents that contain information medical staff need to know about a person's health care needs in the event of them being admitted to hospital.

The provider acted in accordance with the Mental Capacity Act 2005 to help protect people's rights. The registered manager and staff understood their responsibilities in relation to mental capacity and consent issues.

People received the support they needed to maintain good health. Staff worked well with other health and social care professionals to identify and meet people's needs. People were supported to eat a healthy diet which took account of their preferences and nutritional needs.

Is the service caring?

Good 

The service was caring.

People told us that staff were caring and supportive and always respected their privacy and dignity.

Summary of findings

Staff were aware of what mattered to the people using the service and ensured their needs were always met. People were fully involved in making decisions about the care and support they received. Staff always ensured that information was communicated in a way that people could understand.

People were supported to be independent by staff.

Is the service responsive?

Good

The service was responsive.

The support people received was personalised and focussed on an individual needs and wishes. People's needs were assessed and care plans to address their needs were developed and reviewed with their involvement.

People were encouraged to maintain relationships with the people that were important to them. People were supported to live an active life in the home and the local community.

People told us they were comfortable raising issues and concerns with staff. The provider had arrangements in place to deal with complaints appropriately.

Is the service well-led?

Good

The service was well-led.

The registered manager demonstrated good leadership. People spoke positively about the registered manager and deputy managers, and how they all ran the home in an inclusive and transparent way.

The views of people who lived at the home and their relatives were welcomed and valued by the registered manager and the provider. The registered manager acted on people's suggestions for improvements.

The provider and registered manager carried out regular checks to monitor the safety and quality of the service. The registered manager used learning from incidents and inspections to identify ways the service could be improved.

Care UK - 89 Grosvenor Avenue

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 28 July 2015 and was unannounced. It was carried out by a single inspector.

Before the inspection we reviewed information we held about the service, such as notifications they are required to submit to the CQC.

During our inspection we met all five people living at the home and spoke to one person's visiting relative, the registered manager, a deputy manager and four care workers. We also spoke on the telephone to four people's relatives. In addition, we spent time observing care and support being delivered in communal areas. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not verbally communicate with us. Finally, we looked at various records that related to people's care, staff and the overall management of the service. This included care plans for three people who lived at the home and files for five members of staff.

Good

Is the service safe?

Our findings

People told us they felt safe living at 89 Grosvenor Avenue. One person said, "I feel very safe here. It's much safer than the last place I stayed." We received similar feedback from people's relatives. Comments included, "absolutely… I have no hesitation saying [my relative] is kept safe by staff" and "no question that [my relative] is well looked after and safe here". The provider had a policy and procedure in place which set out the action staff should take to report a concern. We saw contact details of people and organisations to report concerns staff might have displayed in the office. Other records showed us staff had received up to date safeguarding adults training. It was clear from discussions we had with the registered manager and other staff that they all knew what constituted abuse and neglect, how to recognise these signs and who they should report any concerns they might have to. The deputy manager told us they would follow the procedure and report any concerns they might have to the registered manager or to another appropriate authority such as the local authority or the CQC.

The provider identified and managed risks appropriately. We saw each person's care plan included a personalised set of risk assessments that identified the potential hazards they might face. Staff demonstrated a good understanding of the specific risks each person faced and what they should be doing to keep people safe. For example, one member of staff was aware what food people identified as being at risk of choking could not eat and how food they could eat must be prepared to keep them safe. Another member of staff gave us a good example of how they used an easy to read timetable in pictorial format to help a person understand what their daily activity schedule was, which minimised the risk of their behaviour challenging the service. Where new risks had been identified people's records were regularly updated so that staff had access to up to date information about how to ensure people were appropriately protected.

The service managed accidents and incidents appropriately. We saw care plans were routinely updated and appropriate action taken in response to any accidents and incidents involving people using the service. This ensured care plans and associated risk assessments remained current and relevant to the needs of people. The registered manager gave us a good example of how reinforced glass had been used to glaze one person's bedroom window following an incident which had resulted in the window being shattered.

The provider had suitable arrangements in place to deal with foreseeable emergencies. Records showed the service had developed a range of contingency plans to help staff deal with emergencies. For example, we saw each person had a personalised fire safety risk assessment which made it clear how that individual should be supported to evacuate the home in the event of a fire. Other fire safety records indicated staff regularly participated in fire evacuation drills, which staff we spoke with confirmed. Staff demonstrated a good understanding of their fire safety roles and responsibilities and told us they received on-going fire safety training. Other records showed us staff received fire safety and basic first aid training, which helped them keep people safe.

The home was well maintained which contributed to people's safety. Maintenance records showed us service and maintenance checks were regularly carried out at the home by suitably qualified professional's in relation to the homes fire extinguishers, fire alarms, emergency lighting, portable electrical equipment, water hygiene, and gas and heating systems. We also saw chemicals and substances hazardous to health were safely stored in locked cupboards when they were not in use.

There were enough competent staff deployed in the home at all times to meet people's needs and keep them safe. One person told us, "Lots of good staff work here and are always about when I need them." Typical feedback we received from relative's was equally complimentary about staffing levels at 89 Grosvenor Avenue and included, "staffing levels are always very good at the home" and "there's always plenty of staff around every time I visit, which is at least once a week at the moment." The staffing rota for the service had been planned in advance and took account of the level of care and support people required in the home and community, each day. When people took part in activities or attended appointments outside of the home there were enough staff on duty to ensure people were supported to do this safely. The registered manager told us staffing levels were reviewed and amended if the level of support people required changed. We saw a recent example of this where a new person had moved in to the home. The registered manager had reviewed the numbers

Good

Is the service safe?

of staff available to ensure there were always enough staff to provide this person with two to one staff support when they accessed the wider community. We observed staff supporting people promptly when needed.

Medicines management in the home was safe. People told us they received their prescribed medicines on time. We saw medicines the service managed on behalf of the people using the service were kept safe in a purpose built medicines cabinet which remained locked when it was not in use. Medicines records showed us people using the service had individualised medicines administration (MAR) sheets that included a photograph of the person prescribed the medicines, a list of their known allergies and information about how the person preferred to take their medicines. We found no recording errors on any of the MAR sheets we looked at. Checks of stocks and balances of people's medicines confirmed these had been given as indicated on people's individual MAR sheets. Staff had been trained to manage medicines safely. Training records showed us staff had received training in safe handling and administration of medicines and this was refreshed on a regular basis.

Requires improvement

Is the service effective?

Our findings

People received care from appropriately trained staff. People's relatives told us staff were suitably trained. Typical feedback we were given included, "staff really understand what [my relatives'] needs are and how to look after them properly", "all the staff are marvellous and seem to be really good at their jobs" and "the staff understand exactly what [my relative] likes to do and what they don't. I can't fault any of the people that work at the home." Records showed staff had attended training in topics and areas appropriate to their work, which included a thorough induction and how to support people living with a learning disability or autistic spectrum disorder. Other staff records we looked at indicated staff had regular opportunities to refresh their existing knowledge and skills. Staff spoke positively about the on-going training they had received and confirmed it helped them in their roles. One care worker said "we get all the training and guidance we need to do our jobs properly", while another staff member told us, "the training we have here is great. There's a lot of it, as well as loads of opportunities to go on refresher courses."

Records showed staff had regular opportunities to attend team meetings and individual supervision meetings with their line manager. This was confirmed by discussions we had with staff. One member of staff told us, "We get a lot of support from the manager and each other". However, it was also clear from comments we received from staff that they did not have their overall work performance formally appraised at regular intervals. This was confirmed by discussions we had with the registered manager. The registered manager also told us the lack of staffs' annual appraisal had been identified during a recent quality audit of the home undertaken by the provider. We saw an action plan had been put in place which made it clear that the registered manager had to reintroduce the practice of annually appraising staffs working performances. Progress made by the registered manager to rectify this failure will be assessed at the home's next inspection.

Records showed people's capacity to consent and to make decisions was assessed and reviewed by staff. People's records contained information about their level of understanding and ability to consent to the care and support they needed. This gave staff important information about when people were able to make choices and decisions and how staff could support them to do this. For example, people were encouraged by staff to choose what they wore each day and the gender of the staff that provided their personal care. Staff told us when they supported people they always offered them choice and respected the decisions they made. Where people were not able to make complex decisions about specific aspects of their care and support, for example where they had needed medical treatment, best interests meetings had been held with their relatives and other health care professionals involved in their lives to ensure appropriate decisions were made.

All staff had received training on the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). These safeguards ensure that a care home only deprives someone of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them. The registered manager demonstrated a good understanding of their responsibilities in relation to the MCA and DoLS and knew when an application should be made and how to submit one. Applications made to deprive people of their liberty had been appropriately made and were currently being processed by the local authority.

Staff ensured people ate and drank sufficient amounts to meet their needs. People were complimentary about the quality of the meals and the choice of food and drink they were offered at the home. Typical feedback we received included, "I eat well here", "I like all the food we have" and "you can chose what food you eat." We observed staff support people to make their own drinks or offer others who were unable to do this a range of hot and cold drinks at throughout our inspection. We saw care plans included information about people's food preferences and the risks associated with them eating and drinking, for example where people needed a soft or pureed diet. These individualised eating and drinking plans had been developed by staff based on advice they had received from a dysphagia nurse (dysphagia is the medical term for swallowing difficulties). This enabled staff to ensure people received appropriate nutrition and plenty of drinks to ensure they stayed hydrated. Staff demonstrated a good awareness of people's special dietary requirements and the support they needed. Staff ensured people ate and drank sufficient amounts to meet their needs.

People were supported to maintain their health. One person told us the staff helped them make appointments

Requires improvement

Is the service effective?

to see their GP. People's health care and medical appointments were noted in their records and the outcomes from these were documented. Records also showed staff regularly recorded and monitored information about people's general health and wellbeing. Where there was a concern about an individual we noted prompt action was taken by staff to ensure this were discussed with the registered manager and the appropriate support from health care professionals, such as their GP, was obtained. Outcomes from these referrals to professionals were documented. The registered manager told us people had their own personalised Hospital Passport, which staff we spoke with confirmed. These documents contain essential information medical staff need to know about a person's health care needs in the event of them being admitted to hospital. However, the registered manager was unable to locate any of these Hospital Passports during our inspection. We discussed this with the registered manager who has agreed to ensure Hospital Passports can always be located promptly by staff when they are required, which may include in an emergency. Progress made by the service to achieve this aim will be assessed at the service's next inspection.

Good

Is the service caring?

Our findings

People were supported by caring and attentive staff who were clearly familiar with the needs and daily routines of the people they supported. People we asked for feedback about the service were overwhelmingly positive about the care, kindness and respect shown by staff. One person who lives at the home said, “staff are my best friends. I love it here”, while another person told us, “the staff are so good to me. There is lots of nice staff that work here.” Comments we received from relatives were equally complimentary about the staff and the standard of care and support they family members received. Typical feedback included, “the quality of the service staff provide [my relative] is first class”, “and [my relative] is so much happier living at this home compared to where they lived before. The staff who have worked at the home for a long time really know the people that live here” and “they [staff] have excellent communication skills and clearly care about the people they look after.”

During the inspection we observed interactions between people and staff. Relatives said staff were always focused on ensuring that their family member’s needs were being met. People looked at ease and comfortable in the presence of staff. For example, conversations between people living at the home and staff were characterised by respect and warmth. We saw staff always made sure to tell people what they would be doing so they knew what was going to happen to them. We saw when staff supported a person with mobility needs to transfer from one place to another they made sure that person knew exactly how they would be supporting them to move. Staff always spoke about people in a warm and caring way. All the staff told us their priority was putting people first at all times to ensure they received the support they needed. It was clear from our discussions with staff they knew the people they supported very well including their life histories, their likes and dislikes and whether they were happy, upset or unwell.

Staff ensured people’s right to privacy and dignity was upheld. People told us staff were respectful and always mindful of their privacy. We observed when people needed privacy they were given the space and time they needed in their room. Staff always asked for people’s permission before entering their rooms. Staff demonstrated good understanding and awareness of how to support people to meet their specific needs and wishes in a dignified way.

Staff told us about the various ways they supported people to maintain their privacy and dignity. This included ensuring people’s bedroom doors were kept closed when staff were supporting people with their personal care.

People were supported to maintain relationships with their families and friends. People told us there were no restrictions on them visiting the home. A relative told us they were free to visit their family member whenever they wanted and were not aware of any restrictions on visiting times. Relatives also told us they were kept updated about any changes to their family members' health and wellbeing. A relative said, “The staff always make me feel welcome and are very good at letting us if [my relative] was unwell or needed anything”” Care plans identified all the people involved in a person’s life and who mattered to them. During our inspection we saw staff ensured the home was warm and welcoming to visitors.

The service ensured people could be actively involved in making decisions about their care and support. We saw staff used creative ways to enable people with complex communication needs to be as involved as they could be in what happened to them. For example, we saw staff had created personalised information boards that contained various easy to read pictures and photographs which we saw staff used to help people understand what activities they were scheduled to do that day. We also saw staff use everyday objects, such as items of food, to help people decide what they would like to eat or drink. In one instance we saw staff showed a person two different cans of food to enable them to choose what to have for their lunch that day. Care plans were also available in easy to read and understand language and pictorial formats to help people understand what they could expect from the service.

Although the majority of people using the service were highly dependent on the care and support they received from staff with day-to-day activities and tasks, staff still encouraged people to be as independent as they could be. People told us staff supported them to do as much for themselves as they could. One person said, “I can make my own drinks in the kitchen and I’m learning about money on a course I go to every week.” During our inspection we observed staff encourage people to put their dirty plates in the dishwasher after they had eaten. Records showed prompts and guidance for staff, where this was appropriate on how to encourage people’s independence as much as

Good

Is the service caring?

possible. The registered manager told us some people who lived at the home were enrolled on independent living courses at a local college which included basic budgeting and cooking classes.

Good

Is the service responsive?

Our findings

People were supported to contribute to the planning and delivery of their care. Two people told us staff had helped them develop their care plan. We saw they had each signed their care plan to confirm they were familiar with its content. It was clear from these records people attended regular meetings along with their relatives who were involved in their lives to discuss and plan the care and support they received. Information from these discussions were used to continue developing a person's care plan, which set out clearly how their specific care and support needs should be met by staff. We saw plans focused on people's personal, health and social care needs, their strengths and abilities, preferences, personal goals and the level of support they should receive to have their needs met. Care plans also included detailed information about people's daily routines, how they liked to spend their time, their food preferences, social activities they enjoyed, social relationships that were important to them, and how they could stay healthy, well and safe.

People's needs were regularly reviewed to identify any changes that may be needed to the care and support they received. A relative told us, "The manager never fails to invite us to meetings and reviews about [my relatives] care." Each person had a designated keyworker who was responsible for coordinating that individual's care and regularly meeting with them and their next of kin to discuss any changes that were needed to the support they received. Staff ensured information was shared promptly with people's relatives and the registered manager, particularly where changes to people's needs were identified. A formal annual review was also carried out of each person's care and support needs. These had been attended by people, their family members, staff and other relevant health and social care professionals involved in their care. We saw care plans were regularly updated by staff to reflect any changes in that individuals needs or wishes. This helped to ensure they remained accurate and current.

We saw people's wishes and preferences were respected in relation to the care being provided. People told us they could choose what time they got up, went to bed, what they wore, what they ate and drank, and what they did during the day. One person gave us a good example of how staff respected their wish to only have female staff support them with their personal care. A relative also gave us a good example of how staff had found out what [their relatives] social interests were and had tailored a number of recent day trips around this individual's love of boats and the water.

People were supported to pursue activities and interests that were important to them. One person said, "I never get bored at the home because I go out lots", while another person told us, "I sometimes go to the pub with staff to meet my friends who live nearby." During out inspection we saw people participate in an aromatherapy session and others go to work or college. Each person had a personalised weekly timetable of planned activities they would be undertaking at home and in the wider community. These reflected their specific likes and dislikes. Regular planned activities included aromatherapy sessions, cycling and trips out shopping and to local cafes and pubs.

The provider responded to complaints appropriately. Relatives told us if they had any concerns or issues they would feel comfortable raising these with the registered manager. A relative said, "I can't fault the home. No complaints whatsoever." Records showed no formal complaints had been received by the service for some time. Despite this the provider encouraged people to make comments and complaints about the service. The service had a procedure in place to respond to people's concerns and complaints which detailed how these would be dealt with. The complaints procedure was displayed in the home and explained what people should do if they wish to make a complaint or were unhappy about the service.

Good

Is the service well-led?

Our findings

All the people we asked for feedback about the home felt the service was well-managed. People talked positively about how approachable the registered manager was. One relative told us, “the manager is fantastic”, while another person relative said, “the manager has a very hands on approach to running the home. She never fails to get back to you as soon as she can if you’ve got a query or are concerned about anything.” The service had a hierarchy of management with clear responsibilities and lines of accountability. It was also clear from discussions we had with staff that they felt the home had an effective management structure in place. Staff told us they felt the registered manager and both her two deputy managers worked well together as a team. The registered manager told us they were also responsible for running another of the providers care homes in the area, but felt they could run both services equally well with the support of the two deputy managers who worked at the home. . Staff we spoke with knew who was responsible for each aspect of the care they provided.

The registered manager ensured there was an open and transparent culture within the service in which people were encouraged to share their views and ideas for how the care and support people experienced could be improved. All the people we spoke with about the home were positive about the care and support people received. Records showed us people using the service were supported to share their views as much as they could, through regular ‘living together’ group meetings with their fellow peers and staff. Staff told us they used information from these meetings to help plan people's weekly activity schedules, menus and annual holidays. The service also formally sought the views of relatives through regular telephone contact and satisfaction questionnaires. People’s annual reviews showed their views were taken into account when reviewing and planning their ongoing and future care and support needs.

Staff’s views about the service and suggestions for improvements were routinely sought by the manager during team meetings. Staff told us they felt well supported by managers and able to express their views. From our discussions we had with staff, it was clear that staff were people focused and had a good understanding and awareness of their priorities and objectives for ensuring that not only did people receive the care and support they needed, but this was provided to a high standard.

The provider and registered manager carried out regular checks and audits of the home to assess the quality of service people experienced. These checks covered key aspects of the service such as the care and support people received, accuracy of people’s care plans, management of medicines, cleanliness and hygiene, the environment, health and safety, and staffing arrangements including current levels in the home, and staff training and support. We noted following these checks and audits, where shortfalls or issues had been identified prompt action was taken by the registered manager and staff to deal with these in an appropriate way.

The registered manager told us any accidents, incidents, or allegations of abuse involving the people using the service were always reviewed and analysed so lessons could be learnt and improvements made to minimise the risk of similar events reoccurring. The registered manager also told us they used feedback received from a range of professionals who regularly visited the home, pharmacists, fire safety and environmental health officers, to continually improve the service. Staff told us the outcome of any audit carried out by these professionals or internally the provider’s senior managers were always discussed at their team meetings. This ensured everyone was aware what they did well and what they could do better in the future.

The registered manager demonstrated a good understanding and awareness of their role and responsibilities particularly with regard to CQC registration requirements and their legal obligation to notify us about important events that affect the people using the service, including incidents and accidents, allegations of abuse and events that affect the running of the home. It was evident from CQC records we looked at that the service had notified us in a timely manner about a safeguarding incident. A notification form provides details about important events which the service is required to send us by law.