

Community Homes of Intensive Care and Education Limited

Little Heath Court

Inspection report

Little Heath Road
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Date of inspection visit:
12 December 2017

Date of publication:
01 March 2018

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?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

Little Heath Court is a care home without nursing which is registered to provide a service for up to eight people with learning disabilities and associated physical disabilities. Some people had other associated difficulties such as being on the autistic spectrum. It is a single storey building with an annexe and enclosed gardens. At the time of the inspection there were eight people living at the service, seven in the main house and one in the self-contained annexe.

The service is required to have a registered manager. There was a registered manager in post who had been registered to manage the service since May 2017. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

This was an unannounced inspection which took place on 12 December 2017.

At the last inspection in October 2015 the service was rated Good. At this inspection we found the service remained Good.

Why the service is rated good.

The service remained safe. People's safety was contributed to by staff who had been trained in safeguarding vulnerable adults and health and safety policies and procedures. Staff understood how to protect people and who to alert if they had any concerns. General risks and risks related to the needs of individual people were identified and appropriate action was taken to reduce them.

There were enough staff on duty at all times to meet people's diverse, individual needs safely. The service had a stable staff team. When new staff were recruited they had systems in place to ensure, that as far as possible, they were safe and suitable to work with people. People were given their medicines safely, at the right times and in the right amounts by trained and competent staff.

The service remained effective. Staff were well-trained and able to meet people's health and well-being needs. They were able to respond effectively to people's current and changing needs. The service sought advice from and worked with health and other professionals to ensure they met people's needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The service continued to be caring. The dedicated, attentive and knowledgeable staff team provided care with kindness and respect. Individualised care planning ensured people's equality and diversity was respected. People were provided with a wide variety of activities, according to their needs, abilities, health and preferences.

The service was rated outstanding in responsive. We noted considerable and sustained improvements in the overall responsiveness to people's needs and preferences. In particular the communication needs of people were understood and there was a consistent response to people's individual communication needs. Imaginative ways had been sought to assist people to communicate more effectively including the use of assistive technology. Some people had experienced significant and exemplary enhancements to their quality of life experiences.

The service was very well led by a registered manager who was committed to enabling people to live their lives to the full and to provide a safe and enabling environment which people called their home. The registered manager received regular praise and positive feedback from staff, relatives and professionals. There was a strong emphasis on team working and staff confirmed they worked well together. They involved people and their relatives in contributing to all aspects of the service and sought views and feedback in order to improve and develop. The registered manager and provider continually monitored the quality of the service and made improvements where needed.

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 remains good.

Is the service effective?

Good ●

The service remained good.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive to people's needs.

People were offered highly individualised care that met their needs, in the way they wanted.

People were able to enjoy a more varied activity programme designed and implemented according to their individual needs.

People's needs were discussed with them and they were supported to be involved with their support plans as far as they were able.

People were supported by highly skilled and experienced care staff who assisted people to access rewarding and interesting activities which greatly enhanced their lifestyle.

People knew how to make a complaint, if they needed to. The service listened to people's views and concerns and ensured that any issues were addressed and rectified, as necessary.

Is the service well-led?

Good ●

The service remained good.

Little Heath Court

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 was unannounced and took place on 12 December 2017. It was completed by one inspector.

We reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We looked at all the information we have collected about the service. This included the previous inspection report and notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

We looked at paperwork for three people who live in the service assisted by their nominated key workers. This included support plans, daily notes and other documentation, such as medication records. In addition, we looked at records related to the running of the service. These included a sample of health and safety checks, quality assurance, staff and training records.

During our inspection we observed care and support in communal areas of the home. We interacted with all eight people who live in the home. People had very limited verbal communication but were able to express their feelings by facial expression and body language. This was interpreted by staff who knew them well. We spoke with all staff on duty during the inspection and three in private. In addition, we spent time with the registered manager who clearly knew the service and the people living there extremely well. A recent quality assurance visit had been undertaken by the local authority in which the service is situated and we had access to the report. We arranged for all staff employed at the service to be given the opportunity to provide information via email about the quality of the care and the support they received from management and the provider. We received three responses. We requested information from professionals involved with the service and received one response. However, the service provided us with comments they had received from visiting professionals which they had collated using a specially adapted form for the purpose. We had email

feedback from five relatives of people living in the home.

Is the service safe?

Our findings

The service continued to provide safe care and support to people.

People were protected from the risks of abuse. Staff continued to receive up to date training in safeguarding adults and were able to explain what action they would take if they had any safeguarding concerns. There had been four safeguarding referrals since the start of 2017. All four incidents had been appropriately dealt with and had not resulted in any significant harm to people. In all cases the relevant authorities had been informed.

People were protected from risks associated with their health and care provision. Staff assessed such risks and care plans included measures to reduce or prevent potential risks to individuals. For example, risks associated with falling, use of homes vehicle and epilepsy. During our observations we saw staff were aware of the risk reduction measures in place and were carrying out activities in a way that protected people from harm. People had an individual emergency and evacuation plan, tailored to their particular needs and behaviours. One relative advised us, "I would state with confidence that we feel [name] is safe at LHC". Another said, "We are confident that our son is safe and treated with respect by staff." Another relative told us, "I feel my son is safe, well cared for and treated with respect."

People, staff and visitors to the service continued to be kept safe from harm the majority of the time. When arriving at the service unannounced the inspector was asked to sign the visitor's book but was not required to state who they were. The registered manager addressed this immediately they were made aware of the issue and undertook to follow up with all staff. The staff member in question was unwell at the time and we were assured it was a one off occurrence. Staff were regularly trained in and followed the service's health and safety policies and procedures. Health and safety and maintenance checks were completed at the required intervals. For example, weekly hot water temperature checks, fire safety checks and fire equipment checks were carried out. The staff monitored general environmental risks, such as maintenance needs and fridge and freezer temperatures as part of their daily work.

People continued to be given their medicines safely by staff who were appropriately trained to administer medicines and whose competency to do so was tested regularly. We noted there had been a missed medicines error reported. The manager had implemented medicine workshops for staff to discuss procedures and the importance of accuracy in checking/recording. We saw from staff meeting records that medicine administration was a regular topic of discussion and included reminders and guidance for staff. There had been no reported medicines errors since this incident.

The service continued to provide sufficient staff to meet people's needs and keep them safe. There were a minimum of six staff during the day, three waking night and one sleep in staff. This high ratio reflects the complex health and physical needs of the resident population. One staff member did indicate that they thought staffing levels could be increased to enable more effective interaction and support for people. The provider organisation had robust recruitment processes in place to ensure staff employed were of good character. People could be confident staff were checked for suitability before being allowed to work with

them. Additional staff were provided to cover any special events or emergencies such as illness or special activities. Any shortfalls of staff were covered by staff working extra hours and regular bank staff, as necessary. The service sometimes used staff who worked at other services run by the provider, and were known to the service.

People were protected from the risk of infection. The premises were clean and tidy. Staff had been trained in infection control and we saw they put their training into practise when working with people who used the service. Systems were in place to ensure details of any accidents or incidents were recorded and reported to the registered manager. The registered manager looked into any accidents or incidents and took steps to prevent a recurrence if possible. Investigations and actions taken were recorded and any lessons learned were disseminated to the staff team and the organisation if appropriate. The service had an emergency plan in place which instructed staff how to deal with emergency situations such as interruptions to utilities or adverse weather.

Is the service effective?

Our findings

The service continued to provide effective care and support to people.

Care plans provided information to ensure staff knew how to meet people's individual identified needs. People had documentation which covered all areas of care, including healthcare and daily support plans. The health care plan noted all aspects of their health needs. These included a record of treatment, a medical profile and a health action plan. Referrals were made to other health and well-being professionals such as dietitians and specialist consultants, as necessary. Each care plan was based on a full assessment and demonstrated the person had been involved in drawing up their plan as far as they were able. The care plans were kept under review and amended when changes occurred or new information came to light. We noted that of the three care plans reviewed all had been subject to a comprehensive annual review within the last few months.

A visiting professional sent us information which included, "There is a steady staff team with a good knowledge and experience of the residents, and interaction with residents is caring and positive." The service remained effective because people received care from staff who were supported to develop the skills, knowledge and understanding needed to carry out their roles. Staff felt they received the training they needed to enable them to meet people's needs, choices and preferences. We received a comment from one relative which indicated that they felt there was sometimes an inconsistency of approach from some staff members. It was thought this might be due to a lack of motivation or understanding of the role.

A mandatory set of training topics and specific training was provided and regularly up-dated to support staff to meet people's individual diverse needs. A comprehensive induction process which met the requirements of the nationally recognised care certificate framework was used as the induction tool. The training considered mandatory included, fire awareness, manual handling, medicines and food hygiene. The majority of mandatory training was up to date. We found staff received additional training in specialist areas, such as epilepsy and autism. This meant staff could provide better care to people who used the service. There was a clear commitment to staff development and there were examples of exceptional staff being encouraged to undertake more specialised training or additional responsibilities. There was an award system within the organisations own training arrangements which acknowledged exceptional training performance.

The provider organisation had arrangements for people living in services to have access to basic first aid and safeguarding training. One of the people residing at Little Heath Court was able to engage with this training with the intensive support of a trusted staff member. The person had engaged well and dealt with the new experience with confidence. We saw photographic evidence which demonstrated the success of this activity.

Staff were required to receive formal supervision every eight weeks as a minimum to discuss their work and how they felt about it. The registered manager acknowledged that this programme had fallen short of the providers requirements but dates were now scheduled to meet the timescales. It was emphasised that support and guidance was an on-going and readily available resource which was confirmed by the staff we

spoke with. All said they felt very well supported by their manager and the seniors. They felt they could go to the registered manager at any time if they had something they wanted to discuss. We saw there was an organisational programme for staff to receive annual appraisals of their work every year.

People were involved in choosing menus and any specific needs or risks related to nutrition or eating and drinking were included in care plans. The service sought the advice of dietitians or speech and language therapists, as necessary and offered food in the way they were advised. This included soft diets or specific foods to be avoided for particular individuals. Observations at the end of the lunchtime period suggested that people enjoyed the food at the service and we were told they could always choose something different from the menu. Staff regularly monitored and consulted with people on what type of food they preferred. They ensured healthy foods were available to meet peoples' diverse needs and preferences and encouraged people to be involved in food preparation where appropriate.

We noted that the arrangements for the transition to the home of a person from another service had been managed effectively and smoothly. The person's best interests and needs were central to all decisions and resulted in the person settling well into the home. They had been integrated well and had become a much valued member of the resident group.

Community professionals felt the service worked well across organisations to deliver effective care, support and treatment. One commented, "As far as I'm aware, people's health needs have always been addressed in a timely manner. If I've mentioned any health issues arising in my sessions, they've been duly attended to." They went on to comment, "In my experience, the service has always been very well-managed and (as far as I know) I've always been informed me of any relevant developments, incidents, or health and safety issues." A relative told us, "[The person] is taken to doctors, hospital, dentists etc. whenever required and for check-ups, and the staff ensure that [their] health needs are catered for in terms of what [name] is eating, ensuring [the person] is taking correct medication and that [they] is staying healthy and encouraging [them] to be hygienic (washing hands, brushing teeth etc)."

People benefitted from monitoring of the service that ensured the premises remained suitable for their needs and was well maintained. The service had adaptations to meet the needs of people. Examples included, an assisted bath, walk in shower and a range of mobility equipment. We were told that both the bathroom and shower room were due for complete refurbishment. No date for the commencement of this work was known at the time of the inspection but authorisation had been granted. On-going audits of the premises identified maintenance issues and/or re-decoration work that needed to be carried out. We noted the hall area and corridors had been redecorated and new flooring had been laid.

People's rights to make their own decisions were protected. During our inspection we saw staff asking for consent and permission from people before providing any assistance. Staff received training in the Mental Capacity Act 2005 (MCA) and were clear on how it should be reflected in their day to day work. The 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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 found that conditions on authorisations to deprive a person of

their liberty were being met.

Is the service caring?

Our findings

Little Heath Court continues to provide a caring service.

People continued to be supported by a dedicated and caring staff team who knew them well. People indicated by their demeanour that they were comfortable living in the home. People were relaxed and confident in staff presence. One relative told us, "My son is happy, well cared for and respected and valued at Little Heath Court. This all comes from the top. (The manager and deputy) are a dynamic and positive team." Another relative said, "Although he is unable to express it verbally, I believe [Name] is content/happy to live at LHC."

People's wellbeing was protected and all interactions observed between staff and people staying at the service were caring, friendly and respectful. Staff listened to them and acted on what they said. Staff were very knowledgeable about each person and what they liked to do.

Staff provided support to meet the diverse needs of people using the service including those related to disability, gender, ethnicity and faith. These needs were recorded in care plans and all staff we spoke with knew the needs of each person well. A professional told us, "The approach appears to be very person-centred and based on the needs, skills, interests, life experiences and enjoyment of the residents."

People were supported to make as many decisions and choices as they were able to. People had detailed communication plans to ensure staff understood them and they understood staff." A relative provided positive feedback which included, "He is effectively supported to improve his communication skills and the patience of staff has to be commended." The plans described, in detail, how people made their feelings known and how they displayed choices, emotions and state of well-being. People's identified methods of communication were used so that staff could interpret how people felt about the care they were receiving and the service. The methods of communication used were taught to all staff through mentoring and specific training. The registered manager had plans to appoint a 'communications champion' within the home who would lead person centred workshops with staff which focussed on the communication needs of the people living in the home.

Communication with families had been an area of considerable improvement which had been driven by the current registered manager. There were regular weekly calls to nominated family members to provide updates and to exchange information. There was now a regular monthly newsletter which provided families with information about initiatives within the home, outings and general news about changes to staffing and other topics. Family members described communication from and to the home as much improved with the registered manager being cited as the main instigator of the developments. One family member still thought there was room for improvement providing an example of a recent communication which had not been passed on to all relevant staff.

People were treated with the greatest respect and their privacy and dignity was promoted. Staff interacted positively with people, communicating with them at all times and involving them in all interactions and

conversations. Staff used appropriate humour and 'banter' to communicate and include people. Support plans included positive information about the person and daily notes seen were written respectfully.

People's care plans focused on what they could do and how staff could help them to maintain their independence and protect their safety wherever possible. People's abilities were kept under review and any change in independence was noted and investigated, with changes made to their care plan and support as necessary. The care plans were drawn up with people where possible, using input from their relatives, health and social care professionals and from the staff members' knowledge from working with them in the service. Information about the service was produced in user friendly formats which included photographs, pictures, symbols and simple English. This information included pictures of the staff team.

People's right to confidentiality was protected. All personal records were kept in the office and were not left in public areas of the service. The staff team understood the importance of confidentiality which was included in the provider's code of conduct.

Is the service responsive?

Our findings

The service continued to provide responsive care and support to people.

The service was highly responsive to people's current and changing needs. We observed the staff team recognising and responding without delay to people's body language and behaviour when they needed assistance.

The service continued to complete a full assessment of the person prior to them moving into the service. The person and other relevant people were involved in the assessment process, which included visits to the service and getting to know the staff team and people who lived there. Detailed support plans were developed from the assessment. Support plans were reviewed, formally, a minimum of annually and whenever necessary. The service responded to changing needs such as behaviour or well-being.

People's care remained totally person centred and care plans were detailed and personalised. Care plans ensured that staff were given enough information to enable them to meet specific and individualised needs. Information was provided, including in accessible formats, to help people understand the care available to them. The registered manager was aware of the Accessible Information Standard. From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who used services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carer's. The service was already accomplished in the process of documenting the communication needs of people. They ensured people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard.

The service continued to provide people with a flexible activities programme which responded to their abilities, preferences, choices, moods and well-being. People had some set and some flexible activities. The majority of people went to organised day care activities a minimum of twice per week, with staff support, as necessary. People were offered outings, day trips and short holidays and were encouraged to participate in community activities of their choice. There was a drive to find new and exciting opportunities relevant to the young age group of the people living at the home. Appropriate risk assessments were in place to support the activity programme. It was well recognised within the service that it was imperative people were kept busy and engaged with activities appropriate to their individual needs, and which had meaning to them. This was in order to avoid boredom or anxiety which could lead to people becoming apathetic or challenging which would be detrimental to their wellbeing.

The service presented examples of excellent responsive work. The catalyst for one example included participation in a gardening competition using the theme of recycling. This involved the building of a courtyard garden to provide a tranquil place to sit, a way for people to design and make ornaments and for some to enjoy the art of plant growing. Those people who chose to be involved were very engaged planting vegetables, maintaining flowers and making decorations from recycled household items. Plant pot holders

were made out of ripped clothing, used medication delivery trays were used as a planter, tyres were used to grow vegetables and an old chair was used to grow potatoes. The individuals fully participated in all of these activities and gained a sense of pride watching their plants grow, especially when they were able to eat them. Those involved had grown in confidence and gardening was now a regular and well attended weekly activity at the home.

One person who required two to one support and lives within a self-contained dwelling had gained in confidence following the establishment and drive of a trusted team of staff who provided consistent and intensive assistance. The consistent approach in communication and intensive interaction had enabled this person to reduce challenging behaviours enabling them to undertake daily tasks such as laundry and food preparation. In another example this person was able to engage with and enjoy attendance at a party, an event previously too challenging for them. The staff team had undertaken programmed preparation with the person which included dancing and singing, activities that would be part of the forthcoming party. This prepared them sufficiently to enable full participation in the event with this individual clearly enjoying themselves, an experience which could be successfully repeated when the opportunity arose. All these activities were almost impossible for this person only a year ago. The dedicated team received regular support and guidance from the management team under the oversight of the registered manager.

Another person's health and wellbeing had improved considerably through their increased participation in a wider range of leisure pursuits and activities. This had been achieved through carefully directed staff support which had enhanced this person's confidence and communication skills considerably. One activity involved rock climbing an activity enjoyed by this individual many years before. The staff team worked and liaised with the activity centre to schedule a suitable time with the least amount of people and other distractions. They used a range of communication methods individual to this person throughout the planning and preparation process. The event was very successful with the person significantly enjoying the experience. This positive experience had increased this person's confidence to the extent that regular outings were now the norm and an increasing number of holidays (one abroad) had been enjoyed, something which had not been possible in the past. They were now able to better cope with groups of people, manage their behaviour more appropriately and communicate their needs more effectively.

The implementation of story books to prepare people for planned events or activities had facilitated an enhanced experience for those people who had experienced difficulties with engaging with new and unfamiliar occurrences. Alongside this memory books had been introduced for some people to enable them to reflect on their achievements and to enjoy and relive the new experiences they had participated in.

The service had a robust complaints procedure which was produced in a user friendly format and displayed in relevant areas in the home. It was clear that people would need support to express a complaint or concern, which staff were aware of. There had been two complaints received during the course of 2017. The first related to the care of a person's room and clothes which had been addressed. The second and more recent complaint had been concerned with the lack of qualified drivers which had impacted on the accessibility into the community for some people. This complaint had been made in a supportive manner and the registered manager was actively recruiting suitably qualified staff and had implemented measures to reduce any negative impact on people. Other positive feedback had been recorded by the service.

Is the service well-led?

Our findings

The service was very well-led.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. All of the registration requirements were met and the registered manager ensured that notifications were sent to us when required. Notifications are events that the registered person is required by law to inform us of. Records were up to date, fully completed and kept confidential where required.

We received some positive comments from relatives about the registered manager and management team which included, "Yes management staff are accessible. Last week we had an incident when we took our son out into the community and management responded very quickly and effectively to give him (and us) the required support in this situation. We were very reassured by this." Another told us, "[The manager] leads by example. She is hard working, caring and passionate about the welfare and well-being of my (relative) and the other residents at LHC. She is approachable and kind. She is warm and friendly. She is compassionate and intuitive." Whilst another said, "I have complete confidence in the manager at LHC, (she) has my full support. She is very accessible, returns telephone calls, is always willing to listen to what I have to say and acts upon it." Additionally we received a relative's comment, "On the whole I feel that management are approachable and accessible despite being very busy." One relative felt that it was not always easy to get hold of management staff and sometimes emails were not answered.

People continued to benefit from a very good quality service which was well managed. The service was monitored and assessed by the registered manager, staff team and provider to ensure the standard of care offered was maintained and improved. There were a variety of auditing and monitoring systems in place. Regular health and safety audits including fire safety were completed at appropriate frequencies. Infection control audits were undertaken regularly as were room checks. We saw examples of the weekly manager's audit which focussed on a range of areas including the number and relevance of activities undertaken by people. Additional areas covered care plans reviews and related documentation, whether any on-going health or medical needs had been addressed appropriately and whether there were gaps in person specific documentation. Any explanations or actions undertaken were recorded on this document.

A base line audit was undertaken by the organisation in October 2017. This covered staff supervision and appraisal together with induction progress. There were still a small number of actions which were to be followed up at the next review which was scheduled imminently. There were additional monthly audits undertaken by the organisations representative which covered a varied range of topics including personnel issues such as sickness absence records and person focussed areas such as activities and documentation. The topics were rotated throughout the year with comprehensive periodic audits being undertaken. We saw that any accidents or incidents were recorded in detail and submitted to the provider organisation on a monthly basis. The registered manager was mindful of the need to learn from incidents, to provide

innovation and motivation to staff which ensured that the service remained safe, sustainable and forward looking.

We noted that the registered manager had introduced observation assessment sheets. These were used by members of the management team to observe staff members in a range of activities such as personal care, handovers, supervision and medicines administration. The findings were utilised to improve individual performance, to identify any areas of practice requiring review and to model good examples of correct procedures or routines.

The registered manager had incorporated an element of role play into staff recruitment interviews. This was designed so that only the best applicants who had the necessary personal skills and drive to work with people who had complex communication and support needs were appointed.

The views of people, their families and friends and the staff team were listened to and taken into account by the management team. People's views and opinions were recorded in their reviews, at regular key worker meetings and annual surveys. Professionals involved with people's care were encouraged to provide their views during regular reviews and the formal annual review of care for each person.

Staff meetings were held monthly and minutes were kept. We saw the last three team meeting minutes. They consisted of reminders to staff about duties and record completion etc. There was evidence of some practice review and discussion about a range of topics relevant at the time of the meeting. The minutes would benefit from more detail of the areas discussed which would help those staff members not able to be present in person.

The service continued to ensure people's records were detailed and up-to-date and reflective of their individual needs. Records relating to other aspects of the running of the home such as audit records and health and safety maintenance records were accurate and up-to-date. The management team understood when statutory notifications had to be sent to the Care Quality Commission and they were sent within the required timescales.