Purity Nursing Limited

# The Priory Nursing and Residential Home

## Inspection report

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Date of inspection visit:
28 January 2016
01 February 2016

Date of publication:
03 May 2016

## Ratings

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|---|---|
| Overall rating for this service | Requires Improvement |

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

# Summary of findings

## Overall summary

Our inspection took place on 28 January and 1 February 2016 and was unannounced. We last inspected the service on 19 September 2014. We did not ask the provider to make any improvements at that inspection.

The Priory Nursing and Residential home is registered to provide accommodation for persons who require nursing or personal care to a maximum of 37 older people. There were 34 people living at the service when we carried out our inspection.

The service had two registered managers at the time of our inspection. One of these registered managers was not in post at the time of our inspection but had not requested to be removed from our register which means their details were still present on the provider's registration. 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.

People told us they felt safe at the service and that the staff treated them well. People did however tell us they had to wait for assistance from staff on some occasions. Staff could identify signs of abuse, knew when to escalate concerns but did not always know how. People told us they had their medicines at the times they needed them. We saw that most risks to people's health were identified and assessed although we did find the environment presented some potential hazards to people.

People's consent was not always sought and staff did not always understand people's rights in respect of decision making. People told us that they had confidence in the ability of the staff that cared for them but we found some staff needed updates in core areas of skill and knowledge. People had a choice of food and drink and were supported by staff with their meals and beverages when needed. People's health care needs were promoted when they were in poor health..

People told us staff were kind and caring. People said their privacy was promoted and staff gave people choice when they provided them with care and support. People had opportunities to be independent.

People were involved in the care and support they received and they said the care they received reflected their needs. People were able to follow their chosen interests and pastimes.

People we spoke with were satisfied with the service they received. People felt able to complain and were confident any issues they raised would be listened to and resolved. Systems were in place to capture and review people's experiences, but systems to monitor risks to people were not always robust, and staff felt they lacked direction due to the lack of consistent clinical leadership. People said they could approach management and share their views. Not all staff were confident that they were well supported by management however.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement**

The service was not always safe

People felt safe although there were occasions where they to wait for assistance from staff. Staff could identify signs of abuse, knew when to raise concerns but not always to whom. People told us they had their medicines when needed. Checks were carried out on staff to ensure they were safe to work at the service. We saw individual risks to people were identified by the service, and staff were usually aware of these.

### Is the service effective?

**Requires Improvement**

The service was not always effective

People's consent was not always sought for all aspects of their care. People told us that they were confident in the ability of staff, although we found some needed updated training. People said they had a choice of food and drink and were satisfied with what they had. People's health care needs were promoted when poor health was identified and required escalation

### Is the service caring?

**Good**

The service was caring

People told us staff were kind and caring. People's privacy was promoted, including during personal care. We saw that staff spent time explaining people's care at the point it was provided. People's independence was promoted.

### Is the service responsive?

**Good**

The service was responsive

People were involved in the care and support they received. People told us that the care they received reflected their preferences. People were able to follow their chosen interests and lifestyles. People felt able to complain and were confident any issues they raised would be listened to and resolved.

### Is the service well-led?

**Requires Improvement**

The service was not consistently well led

People we spoke with were satisfied with the service they received, and
systems were in place to capture people's experiences. Risks were identified by the provider, but were not always addressed. People felt able to approach the registered manager and provider and share their views or concerns and were confident these would be listened to. Not all staff were confident they got the support they needed, and nurses felt they lacked clinical leadership.

# The Priory Nursing and Residential 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.

The inspection took place on 28 January and 1 February 2016 and was unannounced. The inspection team consisted of three inspectors.

We reviewed the information we held about the service, including notifications of incidents that the provider had sent us since the last inspection. These are events that the provider is required to tell us about in respect of certain types of incidents that may occur like serious injuries to people who live at the service. We also heard the views of local commissioners about the service prior to our inspection. We considered this information when we planned our inspection.

We used 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 spoke with 11 people who used the service and one visitor. We also spoke with one of the providers, the registered manager, five nurses, five carers and two ancillary staff. We observed how staff interacted with the people who used the service throughout the inspection.

We looked at six people's care records to see if these records were accurate, up to date and supported what we were told and saw during the inspection. We also looked at records relating to the management of the service. These included minutes of meetings with people, training records, complaints records, stakeholder survey records and the provider's self-audit records.

Requires Improvement

# Is the service safe?

## Our findings

One person we spoke with said "They [staff] come quickly if they are not busy". Another person told us the staff response depended on how busy the staff were but, "Normally they come quickly". A third person said, "I have always found them to come quickly". A fourth person said staff didn't come very quickly but, "Not too bad and quick enough for me". We did however see occasions where people had to wait for assistance. One person told us they needed help, and as they were unable to reach a staff call bell we alerted a member of staff who passed the room while assisting another person. The staff member told us they would return but were delayed while finding lifting equipment the person needed from elsewhere in the building. We asked a member of staff to show us lifting equipment a person would need on another occasion, and noted that there was a delay due to the time it took them to find this. Another person told us there had been delays when they had to wait for staff in one of the lounges, this as they were unable to reach a staff call bell. The staff we spoke with had mixed views about staffing levels, none thinking people were unsafe, but a number expressing concerns about their response times, for example some said there were occasions where people may not get to the toilet on time and they did not have time to talk to people. One person told us, "Nurses haven't got time to chat, on the go all the time". One nurse said, "Depends on the day, some days get very busy, sometimes depends on patients and problems but they are not at risk". Another member of staff said, "Workload has increased; we are a little stretched". A third staff member said, "Some people wait too long to go to the toilet". We asked staff what the barriers to effective staffing were and they told us it could be due to people's fluctuating dependency levels and the layout of the building. They said they would be allocated to teams, but this could mean assisting people in different parts of the building which due to the layout could involve time travelling between different rooms, this as we saw during the inspection. We discussed these issues with one of the providers who acknowledged there may be a need to review staff deployment. They also said there were personal staff call bells available that they would ensure were available to people unable to reach wall mounted ones.

We found that the provider had taken steps to ensure people's medicines were managed safely and people received medicines as prescribed. People told us they had their medicines at the times they needed them. One person said, "It is non-stop medicine. The staff are always conscientious in telling you what it is for". Other people told us they received medicine for pain relief when needed. We saw staff administer medicines and found this was carried out in a safe way that ensured people had the correct medicines. We found medicines were stored securely and recording in medicines administration records (MARs) were of a good standard which showed that people were getting their medicines as prescribed. We found medicines were usually stored at the correct temperature to ensure their effectiveness although we saw that the medicine room temperatures were on occasions slightly above an acceptable range. A senior member of staff told us that they were aware of this and the provider was taking steps to resolve this issue.

People told us they were not concerned about their safety and felt staff cared for them in a safe way. One person said, "I feel safe", another that, "I don't feel in danger". Staff we spoke with felt people were safe. We were told that one person had not received their medicines as prescribed on one occasion and we asked the registered manager about this. They told us they had been made aware of an allegation and subsequently raised this as a safeguarding alert with the local authority. The registered manager was able to demonstrate

that they were aware of their responsibilities in respect of safeguarding people. We also spoke with staff and they were able to tell us what abuse looked like and when they should escalate concerns. Some staff were not aware of local area safeguarding guidance and who to escalate these concerns to however, for example the local safeguarding authority. This showed that staff were well informed about the need to raise concerns about people's safety, but in some instances lacked awareness as to who to escalate their concerns to outside of the organisation.

We saw risks to people due to their health or choices had been identified, assessed and recorded in their care records. We did however find one instance where a risk assessment was not up to date, this related to how a person should be assisted to move safely. A nurse was able to verbally explain the person's current needs, which they said had recently changed, and assured us they would update the person's risk assessment. We saw one member of staff transferred a person with a hoist and this was not done safely. We saw that the person did not have their feet flat on the equipment and they did not appear to bear weight through their legs. The sling was tight and was pulling upwards from around their chest and under their shoulders. We looked at the person's moving and handling assessment and this said two staff should assist the person. We raised this issue with a nurse and the registered manager and they said they would investigate. This was the only occasion we saw people assisted in an unsafe way. One person told us staff were careful with using equipment and other staff we spoke we were aware of how to use hoists safely. This showed that while risks to people were assessed, the provider needed to ensure people's risk assessments were up to date and staff were aware of how to use equipment safely.

We found that systems were in place to ensure that the right staff were recruited to keep people safe. We spoke with staff that had been recently employed and they confirmed that checks, for example Disclosure and Barring checks (DBS), were carried out before staff began work at the service. DBS checks include criminal record and baring list checks for persons whose role is to provide any form of care or supervision. We checked and were able to confirm that the professional registration for nurses employed at the service was current, and there were no restrictions on their practice.

Requires Improvement

# Is the service effective?

## Our findings

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. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met

We found that people's consent was not always sought. We found people's written consent was gained in some instances, for example in respect of taking their photograph or sharing their information, but not for use of bed rails. One person told us they were unable to get out of bed in the night without calling for staff because bed rails prevented them from doing so. They told us they were not necessary and, "They [staff] just say they have to put them up". Another person said they did not like the bed rails up, although it did not limit their independence as they needed staff assistance to get out of bed. We were told by a visitor that a person liked to smoke and drink but their alcohol and cigarettes were taken from them, despite them having capacity. We looked at the person's care records and found the person's consent had not been sought. A nurse told us a referral had been made to assess the person's capacity, and risk assessments were in place due to a perceived fire risk. Staff told us the person's requests were dealt with when made and we saw staff gave the person cigarettes when requested. A nurse told us if a drink was requested it would be provided. People told us their consent was sought before care was provided. One person said, "They [staff] always ask my permission". Another person said they made their own decisions. Staff were aware of the need to seek people's consent before providing people with care and we saw staff asked people for their consent before assisting them on a number of occasions.

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 are called the Deprivation of Liberty Safeguards (DoLS). The registered manager told us that they had submitted a DoLs for one person, although this had not yet been approved. We looked at this person's MCA assessments and this showed they had capacity, meaning a DoLs would not be appropriate. We spoke with staff and they had a mixed understanding of the MCA and DoLS. A number of staff said they had not received training in MCA and DoLS as planned training had been cancelled a number of times. This showed there was a risk that staff practice may not be in line with the MCA and DoLS.

Staff had mixed views about the level of support they received in respect of their training in key skills and knowledge. We saw one staff member transferred a person in an unsafe way and they told us they had not received moving and handling training. Another member of staff told us they assumed people living with dementia did not have capacity, and had not received MCA training. Other staff told us they had not received recent training in fire prevention. We asked one of the providers and the registered manager about training and they showed us a record of the training staff held. This showed that there were areas where staff needed training or updates. An example was in respect of safeguarding adults where a number of staff were shown on the provider's training record to not have received this training, this coupled with some staff having a lack

of understanding of local procedures. One of the providers said they were progressing staff training and updates and some staff confirmed various training sessions were planned or had taken place very recently. One staff member said, "I have recently done moving and handling training. We are doing fire training next week. I have done safeguarding on social care TV". Another member of staff said the, "Training helps me" and they could ask when this was needed. We spoke with staff that had recently been employed and they told us that they had completed half a day's initial induction training before shadowing other more experience staff. One member of staff told us they were, "Happy with support" during their induction, another that, "In the beginning I was very well supported" and a third that the induction they received was, "Good enough". This showed that staff needed continued support with training. People did not express any concerns about staff competence though, one person telling us, "They [staff] appeared to be well trained".

People told us they usually experienced positive outcomes regarding their health. People told us they were confident they could see external health care professionals such as their GP when needed and when we looked at people's records we saw appropriate referrals were made to such as doctors, and other health professional for specific health care needs. We spoke with staff and they understood what they should escalate to nurses, for example one member of staff said, "If someone was losing weight I would speak with the nurse". We looked at people's records and these showed us that any changes to people's health were assessed, monitored and reviewed. We did hear from some people, and saw that their fingers nails were quite long and one person told us, "No they don't cut nails here, I have asked them". People and staff told us that a private chiropodist had attended to people's feet recently although we did find a person living with diabetes had to pay for this service, and the provider had not sourced input from an NHS practitioner. The registered manager said they would look into these matters.

People said that the food they received was satisfactory and they had a choice of the foods or drinks. One person told us, "They ask today about what I want tomorrow. The food is reasonable". Another person said the food, "Is not too bad, if I don't like I tell them and tell them what I don't want". They did say the cook would come and talk to them if they complained about the food. We saw that menus were on display on dining tables, although meals reflected the previous days menu on the first day of inspection, this corrected on the second day. A third person told us, "Personally I do not like a lot of it [the food], I am not used to posh terminology. I like to eat ordinary run food" but they confirmed they had a choice of meals. People said and we saw drinks were readily available. We reviewed people's fluid intakes charts, these used when there was an identified concern about people's fluid intake, and these showed people had enough to drink. People said they had what they liked to drink and we saw appropriate adapted drinking cups were made available. We saw people had appropriate assistance with their meals when needed with staff offering them food at a pace that was appropriate to them.

Good

# Is the service caring?

## Our findings

People who used the service were positive about the caring attitude of the staff. One person told us, "Staff are very good". They said staff were caring. Another person said, "Staff are marvellous, nothing is too much trouble. They help in any way they can, they co-operate quite well." A third person said, "Yes, staff are caring". We saw the way staff provided assistance to people was kind, with their approach to people respectful and friendly. We saw people responding to staff in a way that showed they were comfortable with smiles and laughter. One person told us, "We have a laugh and a joke" when we spoke about staff.

We saw that people were given choices by staff when they provided them with care and support. One person said, "You get the choice" and gave an example of staff asking them when they wanted to get up in a morning. Another person told us about having choices also saying they had a choice about when to get up and, "Enjoyed another nap". A third person said "They [staff] always ask if I want the television on or off and if I want the door open or not". We saw people were offered choice, for example we saw people offered meals to people living with dementia and staff explained and showed them what the meal was. When people said they did not want it we heard staff exampling what options there were and fetch the chosen option for them. We saw staff were observant of people's non-verbal body language and would repeat what they said in an appropriate manner if the person did not hear them.

We found good relationships between staff and people that received support. We saw that staff promoted people's dignity and showed them respect when they provided people care and support. We found the atmosphere within the home was relaxed and people presented as comfortable with the staff. We saw staff approach people in a way that consistently showed respect for them, for example they positioned themselves at the same level as people, speaking to them in a friendly and open manner. We saw that staff generated a good rapport with people. We saw staff assisting a person discretely before offering personal care.

We saw staff promoted people's privacy. Some people we spoke with told us they liked to spend time in their rooms and were allowed to do so when they wished. We observed staff close people's doors when they were delivering personal care and when staff needed to leave the room they did so discreetly. One person confirmed that staff shut the door and curtains when they were assisting with personal care. People we spoke with told us they were asked if they wanted the door open or not and staff would shut the door if they wanted privacy. One person liked to have their door open, but we saw staff still knocked and called to the person before entering. We saw staff used walkie talkies to communicate with other staff and they ensured people's names were not used; only room numbers so as to ensure people's confidentiality was preserved.

We saw that the service had an open visiting policy and friends and relatives were, as we saw able to visit people at times convenient to the person. We saw people receiving visits during our inspection and staff showed us that communication from relatives was recorded in people's records. People told us they were able to maintain contact with friends and relatives.

Good

# Is the service responsive?

## Our findings

People said that the service was responsive to their needs. One person told us after being out of bed for two hours they had asked staff to assist them back to bed so they could be more comfortable. They said they only had to ask staff for help and they would assist them how they wished. Another person said, "If I tell them I want something doing they [staff] do it". A third person said staff, "Were pretty quick" when they wanted something, for example when they requested some of their money from safekeeping we saw the registered manager provider this in a short space of time.

A relative said they had some concerns about a person's clothes being wet and odorous and said, "X sits wet a lot of the time". We asked a nurse about this concern and they showed us the person's care plan which had strategies documented for occasional incontinence. Staff said they tried to ensure the person's needs were responded to but said due to the nature of the person's change in health and their ability to alert staff in time they were not always continent. The nurse told us that they were aware that the person's needs were changing and they showed us they had commenced a continence assessment diary to assist with the reassessment of this aspect of the person's needs. They told us this was necessary as the person was not always able to alert staff in sufficient time for them to respond, and was aware that a referral to a continence advisor maybe required which would be supported with information from the assessment. This showed that staff were aware of the need to reassess a person's needs to secure better outcomes for them.

We spoke to people who had recently moved into the service. One person said they had only been told they were coming to the Priory shortly before their arrival but staff had a discussion with them on their admission and they were happy with how their views were listened to and considered. They told us they were satisfied their care reflected their needs and they were, "Reasonably happy, nine out of 10". Another person said they had come to the Priory on a temporary basis, but they had then been able to, "Make a decision to stop". While they were not sure about their care plan they confirmed the care and support they received was what they needed. We looked at a number of people's care records and found most of these reflected what people told us their needs and preferences were. We saw some people's care plans while not rewritten for some time, were mostly seen to have been reviewed to reflect people's changing needs. One nurse had some concerns that, "Some care plans are not updated monthly" and we did see some limited examples where people's records were not up to date. In response to this we were told that the provider was planning to adopt a new care planning tool, which they said would allow quicker updating of people's care records with the hoped outcome that access to records would be easier and less time consuming for staff.

People told us and we saw that they were able to spend their time how they wished. One person told us about a number of pastimes that were available to them saying, "Skittles, do jigsaw, also [the staff] finds something to do with painting" and they were happy with their routines. Another person told us they liked the activities, especially bingo. A third person said they were, "Quite happy" with how they spent their time. We saw a number of people were involved in group or individual activity during the inspection. One person was seen to be doing a jigsaw. Later we heard people singing and we saw people prepare to engage in a group exercise. We saw another person was in their room writing. These people told us this was what they liked to do. We saw a member staff supporting a person to knit. We spoke to people about whether they

wished to observe their religion and the majority stated they had no preference. One person told us that a vicar, "Does come in if they wanted them to" but said they were happy with the opportunities they had to observe their religion. This showed people were able to spend their time how they wished.

We saw that the provider had systems in place to gain the feedback of people that lived at the service and their supporters. One person told us that they were aware of meetings that were held to discuss their views and said there was one planned. A member of staff told us of a meeting that had been organised for family members recently, although attendance was unfortunately low. We did see that there were feedback forms available to people that they could complete if they wished to make comment. People told us they were aware of who the registered manager and provider was and all said they could approach them. One person said, "Could talk to [registered manager] I think but no concerns". Another person said they would tell the provider, "If any problems" and they were reasonably confident they would be resolved. A third person said they were confident that they knew who to talk to if they wanted to make a complaint. A relative we spoke with said they knew how to make a complaint. We saw that any concerns raised were recorded on people's individual communication records and when we asked a nurse about a specific concern that had been raised they said the complainant had a meeting with the registered manager and had been happy with the outcome. The registered manager maintained records of complaints and the response to any outcomes. We saw responses to complainants were also confirmed to them in writing.

Requires Improvement

# Is the service well-led?

## Our findings

The service had two registered managers, although one was no longer working at the service. The manager told us their main areas of responsibility as agreed with the provider were as the business manager. At the time of the inspection they were responsible for the day to day management of care. They told us and it was confirmed by the provider that there would also be a clinical lead who took responsibility for management of clinical care. As they were the only registered manager, and there was no clinical lead at the time of the inspection they said there had been a substantial increase in their work load, which despite the support of the provider, had made management of the service difficult at times. One of the providers and the registered manager told us that they were in the process of recruiting a new clinical lead to support the registered manager.

We spoke with a number of nurses and staff and we heard mixed views about the support they received. Some staff said they were not supported by the registered manager some commenting that staff morale was low. One member of staff said "I'm not feeling well supported" another that, "One thing staff feel they need, a bit more support from management". Other staff however were positive about the support the provider and registered manager provided them, although there was recognition that the lack of a clinical lead was creating some difficulties in terms of leadership, and this had impacted on the registered manager's workload. One nurse said, "The manager tries to help as much as they can" and some other staff said they were happy with the support they received. Another member of staff said, "The manager is very approachable". All the staff we spoke with identified the lack of clinical leadership as an issue however, especially nurses who said they needed better clinical support and guidance. Some staff told us that there had been a number of clinical leads over the last year and none had stopped long which impacted on the consistency of clinical support and leadership. We spoke with the registered manager and one of the providers who acknowledged this as an issue. The management said they would ensure that there were appropriate support systems in place for the new clinical lead when they took up there post as they recognised the turnover of nurses in this post had cause a potential lack of consistency with management of the service. This showed that the need for strong clinical leadership was acknowledged and recognised by the provider, and needed to be embedded within the service.

We saw the provider had internal quality audits that they undertook to monitor the service but response to some areas of known risk needed to be more robust. We found there were areas around the building that presented potential safety hazards. We saw some carpets to be frayed and uneven with dips where drain covers could be seen imprinted through the carpet. The vinyl flooring in Orchard lounge was ripped and holed in places and had been taped up. This latter issue may also compromise effective cleaning as we saw one person was incontinent and urine could be trapped under the flooring. We spoke with one of the providers and the maintenance operative who told us these issues would be addressed promptly, with some remedial work commenced during the inspection. We also noted that the main drive was very uneven and would be difficult to walk across if unsteady, or traverse in a wheelchair. The one provider told us that there were aware of the risks identified and they had plans to address these through planned works later in the year. They were aware some of the risks, such as the ripped flooring should have been addressed promptly, not just in response to our inspection. There were systems in place to identify, assess and manage risks to

people's health and welfare though, for example the registered manager showed us how they used audits to identify those people who may be at risk of falls. They also told us they were adopting the local Clinical Commissioning Group's (CCG) safety thermometer to help them identify any patterns of risk to people. We saw that some improvements had been made in relation to the management of medicines, with a dedicated member of staff having the lead responsibility for medicines.

People we spoke with were satisfied with the service they received. We heard comments that reflected the positive view people had of the care staff provided to people. People were mostly aware of who the registered manager or provider was and one person said, although not aware of them that," If I have got queries I am quite free to ask". People expressed confidence in the staff team and felt any concerns would be resolved.

Staff had mixed views about whether they received regular one to one supervision where they were able to reflect on their work and discuss any issues of concern. One nurse said, "I have not had clinical supervision since I have been here". Another member of staff said, "The senior carers do the supervisions. We have one or two a year" but they could not recall when they had their last supervision. Other staff said they had received supervision however one saying, "I have one to one meetings with a senior and will have them six monthly after I complete my probation". While some staff felt they needed more support, a number were positive about working at the service telling us they were supportive of each other, for example one staff member said "Staff are brilliant here. We are doing our best". Staff told us staff meetings were held to ensure any changes needed at the service were communicated to them. They also told us if they were unable to attend meetings they were updated as to any changes at staff handovers.

Most staff told us they felt able to raise concerns and said they would feel able to contact the provider or external agencies and 'whistle blow' if needed. A whistle-blower is a person who exposes any kind of information or activity that is deemed illegal, dishonest, or not correct within an organization that is either private or public. There were some staff that were not confident that they would be supported if they whistle blew. A member of staff told us whistle-blowing, "Would not be a problem" and felt the registered manager would support them if they did.

We had found that the provider had met their legal obligations around submitting notifications to CQC and the local safeguarding authority. While we heard some concerns that the registered manager was not reporting specific incidents, we did receive notification of these incidents after discussion with the registered manager. Following discussion the provider and registered manager were aware that they were required to notify ourselves and the local authority of certain significant events by law.