Flightcare Limited

Orchard Residential

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection was carried out on 05 and 10 April 2017 and the first day was unannounced.

Orchard Residential is registered to provide accommodation and personal care for up to 26 people. The service is located in the Huyton area of Liverpool, close to local shops and road links. There were 23 people using the service at the time of this inspection.

The service has a registered manager who was registered with the Care Quality Commission in October 2010. 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.

The last inspection of the service was carried out on 15 September 2015 and we found that the service was not meeting all the requirements of the Health and Social Care Act 2008 and associated Regulations. The registered provider sent us an action plan following the last inspection detailing how and when they intended to make the improvements in relation to good governance. During this inspection we found that the required improvements had been made.

Checks on the quality and safety of the service had improved making them more effective. Checks were carried out as required on things such as care records, infection control, medication and the environment. Action plans were put in place to address improvements identified and they detailed who was responsible for following up on the action and the timescales for completion.

People received their medication on time by staff who had received the appropriate training and competency checks. Medication was stored safely and records of medication were appropriately completed. Protocols for the use of PRN medication, medicines to be taken 'when required', were in place and staff followed instructions given by GPs for its use.

Staff had undertaken safeguarding training and they were confident about recognising and reporting actual abuse or suspected abuse. The registered manager and other senior staff were aware of their responsibilities to report abuse to relevant agencies.

There were sufficient numbers of suitably skilled and qualified staff to keep people safe. All staff had completed training in emergency procedures and they were aware of their responsibilities for keeping people safe.

The procedure for recruiting staff was safe and thorough. Applicants were required to provide information about their previous employment history, skills and experience. A series of pre-employment checks including a check with the Disclosure and Barring service (DBS) were obtained before employment was

confirmed.

The registered manager and staff had good knowledge and understanding of the Mental Capacity Act (2005) and their roles and responsibilities linked to this. The registered manager worked alongside family members and relevant health and social care professionals to ensure decisions were made in people's best interests when this was required.

People's nutritional and hydration needs were assessed and planned for and staff had a good understanding of them. People received the support and assistance they needed to eat and drink, and those who needed it had their food and fluid intake monitored to help minimise the risk of malnutrition and dehydration. Menus did not reflect healthy food options which people were offered and they lacked some variety. However following the inspection we were assured that menus were being revised.

Care plans identified people's needs and any associated risks, and they instructed staff on how to meet them. Care plans were kept under review so that they remained relevant and up to date. Communication amongst the staff helped to ensure that people received consistent and effective care and support.

Staff received an appropriate level of supervision and training for the roles and to enable them to meet people's needs. New staff completed a period of induction and training was ongoing for all staff. One to one supervisions and group meetings which took place provided staff with an opportunity to discuss matters relating to their work and any training and development needs.

The registered manager was described as being approachable, supportive and caring towards people who used the service and family members. There was an open door policy operated at the service which enabled people to speak openly and in confidence with the registered manager. People were provided with information about how to complain and they said they were confident about complaining should they need to.

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 received their medication safely and on time.

The recruitment of new staff was safe. The right amount of suitably skilled and experienced staff were available to keep people safe.

People were safeguarded from abuse. Staff knew how to recognise and report abuse.

Is the service effective?

Good

The service was effective.

People were supported by staff who had received an appropriate level of training and support for their roles.

People's rights were protected in line with the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards (DoLS).

Parts of the environment were equipped with adaptations for people living with dementia.

Is the service caring?

Good

The service was caring.

Information about the service was provided to people and their family members.

People's privacy, dignity and independence was respected and promoted.

Staff understood people's needs and they were kind and caring in their approach.

Is the service responsive?

Good

The service was responsive.

Care plans described people's needs and how they were to be met and they were kept under review to ensure they accurately reflected people's needs.

People's needs were understood by staff and met in a timely way.

People knew how to complain and they were confident about complaining.

Is the service well-led?

Good

The service was well led.

The quality and safety of the service was assessed and the required improvements were made.

The registered manager was described as being approachable and supportive.

There were lines of accountability at the service which people understood.

Orchard Residential

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 registered 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 over two days. One adult social care inspector carried out the inspection.

We observed the interaction between people who used the service and staff and we spoke with eight people who used the service and five family members. We spoke with the registered manager, the care quality manager and staff who held various roles including, care staff, kitchen staff and domestic staff. We also spoke with two visiting healthcare professionals.

We looked at areas of the service including communal lounges, dining rooms, bathrooms, bedrooms, the kitchen and the laundry.

We reviewed a number of records, including care records for three people who used the service and three staff files. Other records we looked at which related to the management of the service included quality monitoring audits and safety certificates for equipment and systems in use at the service.

Before our inspection we reviewed the information we held about the service including notifications that the registered provider had sent us. Other information we looked at included information we received from the local authority and members of the public and the Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, including what the service does well and any improvements they plan to make.

Good

Is the service safe?

Our findings

People told us that had no concerns about their safety. People's comments included, "Oh yes I feel safe here" and "Very safe indeed, much safer than I've ever felt". Family members expressed no concerns about their relative's safety. Their comments included, "I think [relative] is very safe here. I don't worry about a thing' and "When I leave I don't worry at all about their [relative] safety, I know all the staff look after her very well. I couldn't ask for better".

Improvements had been made to the safety and cleanliness of the service. At the last inspection we found that parts of the service were unsafe and unclean. Cords to call bells in toilets and bathrooms were tied up out of people's reach. Equipment and areas of the service including the kitchen and communal areas were dirty and dusty. During this inspection all call bells were accessible to people and all parts of the environment and equipment in use were clean and hygienic.

Environmental risk assessments had been carried out and measures were in place to minimise any potential hazards. For example equipment to help people with their mobility was regularly maintained and it was safely stored when not in use, to minimise the risk of injury, trips and falls. Since our last inspection a system for checking on all call bells had been implemented and followed to ensure they were accessible to people. Fire exits, internal doorways and main corridors were free from any obstructions and signs were used when required to alert people to potential dangers such as wet floors.

Other risks to people's health safety and wellbeing were assessed and identified and steps were taken to reduce risks where possible. For example, risk assessments identified if a person was at risk of falls or malnutrition and, if they were what the level of risk was. How to manage identified risks was incorporated into care plans so that staff knew how to minimise the risk of harm to people, themselves and others.

Systems were in place for the safe management of medication. There was a dedicated room for storing people's medication which was kept locked and accessed only by authorised staff. Staff with responsibilities for managing medication had received up to date training and had their competency regularly checked. There were robust systems in place for the receipt, storage and disposal of medication. This included the maintenance of records detailing medication which was received into the service, disposed of and returned to the supplying pharmacist. Fridges were used to store medication which needed to be kept cool to ensure their effectiveness and items were dated to show when they were opened and due to expire. Daily temperatures of fridges and the medication room were taken and recorded to ensure they remained at a safe temperature. Controlled drugs (CDs) were stored securely in appropriate cabinets and a CD register was in place and properly maintained. Controlled drugs are medications prescribed for people that require stricter control to prevent them from being misused or causing harm. We checked a sample of CDs and found the stock tallied with the records kept.

Each person had a medication administration record (MAR) which displayed a recent photograph. The allergy section of each person's MAR was completed to show any known or unknown allergies. This information reduces the risk of medicines being given to the wrong person or to someone with an allergy

and was in line with current guidance. MARs detailed each item of prescribed medication, the time they should be given and any instructions for use. MARs were completed appropriately, for example they were initialled to show people had taken their medication. Specified codes were used to identify circumstances such as when a person had refused their medication and details of this was entered onto a note section on the back of the persons MAR. Some people were prescribed PRN medication. These are items of medication which people are given only when needed, such as pain relief and laxatives. Protocols which were in place for the use of PRN medication provided staff with guidance and instructions about their use, such as what they were used for and when and how they should be given. The reason why people were administered PRN medication was entered onto the notes section on the back of their MAR.

Records and discussions with staff showed they had received training in safeguarding people from abuse. Information and guidance about recognising and reporting abuse or potential abuse was available around the service for staff and others to refer to should they need to. This included the registered provider's whistleblowing procedure. Whistle-blowing occurs when an employee raises a concern about dangerous or poor practice that they become aware of. Staff knew the different types and indicators of abuse and how to report any concerns. A record of allegations of abuse which had occurred at the service was kept. The records showed that the registered manager and other senior staff had taken appropriate action by promptly informing the relevant agencies such as the local authority safeguarding team and the Care Quality Commission (CQC). The records evidenced that action had been taken to reduce further risks to people.

Staff employed had been subject to a range of pre-employment checks before starting work at the service. Staff had completed an application form providing details of their skills, experience and qualifications and previous work history. A minimum of two references were obtained which included, where possible, one from the applicants most recent employer. Successful applicants underwent a check with the Disclosure and Barring Scheme (DBS) and it was only after a satisfactory check was obtained that their employment was confirmed and they could start work. These checks helped to ensure staff were suitable to work with people who used the service.

Each person who used the service had a personal emergency evacuation plan (PEEP). A Copy of each person's PEEP was held in their personal file. Copies were also held collectively in a file which was kept in a central office so it was easily accessible in the event of an emergency. PEEP's provided details on what equipment or assistance people would need to help them evacuate the building, should they need to. PEEP's were updated when required to reflect any changes in a person's circumstances.

There were sufficient numbers of suitably skilled and experienced staff to keep people safe. The registered manager calculated the number of care staff required based on an assessment of people's needs. Staffing rotas showed the number of staff matched the guidelines provided by the staffing dependency tool. There was a senior carer on each shift who was responsible for co-ordinating and overseeing the work of a team of care staff. The registered manager generally worked Monday to Friday during office hours; however she worked outside of those hours when required to carry out managerial tasks and to ensure staffing numbers were at a safe level. Other staff, including domestic and kitchen staff, were also available at various times throughout the day. All staff had completed training in topics of health and safety, including emergency procedures such as first aid and fire awareness. Staff knew where to locate emergency equipment such as first aid boxes and they understood what their responsibilities were for keeping people safe.

Good

Is the service effective?

Our findings

People and family members told us that they thought the staff were good at their jobs and that they had a lot of confidence in them. Their comments included; "I find them [staff] really good", "They [staff] know what they are doing alright" and "I'm very confident in all staff".

Staff completed training specific to their job role and people's needs. New staff entered onto an induction programme when they commenced work at the service. The induction required staff to complete a range of training was completed over a 12 week period. The initial part of the induction included an introduction to the registered providers policies and procedures and a period of shadowing more experienced staff. Training was delivered by a qualified trainer employed by the registered provider. All training was classroom based and took place at the service in a designated staff area. A training matrix which the registered manager kept up to date showed that staff were up to date with training required of them. Training completed by staff included induction, health and safety, moving and handling, infection control and basic life support. In addition staff completed training specific to people's needs such dementia care and communication. Staff underwent a competency check following the completion of each training course. Competency checks helped to assess staffs understanding of the training completed and to determine if additional training was required to further develop their knowledge, skills and understanding.

People were cared for and supported by staff who received an appropriate level of support and supervision for their roles. The registered manager facilitated one to one supervisions and group meetings for staff from all departments. These provided staff with an opportunity to discuss their work and any training and development needs. Minutes of staff meetings were made available to all staff so that those that were unable to attend were updated with discussions that had taken place.

Parts of the environment were adapted for people living with dementia. There was pictorial signage around the service to help aid the orientation and reduce confusion for people with memory loss. For example, signs were in place to enable people to identify communal areas, toilets and bathrooms. Pictures and photographs of the local areas and of film and pop stars from the past were displayed on walls in corridors and lounges. In addition there was a lock and latches activity board mounted on a wall along the main corridor. A large calendar on the wall in the main corridor displayed the day of the week and the date. These items aided people's memory, provided people with stimulation and supported reminiscence. The registered manager told us that there were plans to further develop the environment making it more dementia friendly.

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 people lack mental capacity to make particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA 2005. The application procedures for this are called Deprivation of Liberty Safeguards (DoLS). We checked that the service was working within the

principles of the MCA 2005 and found that they were.

Staff had completed training in relation to the MCA and they demonstrated an awareness of the principles of the act. Staff knew that everyone was assumed to have capacity unless they had been assessed otherwise and that people's liberty was only restricted when there was no other means of keeping them safe. Staff understood that that any such restrictions placed upon people should be properly authorised and always be the least restrictive option.

Throughout both days of the inspection we heard staff obtaining people's consent before providing care and support. For example, after meals staff asked people if they would like to leave the dining room and they provided people with a choice of where they would like to go. The registered manager had made applications to the local authority to deprive some people of their liberty in order to keep them safe. DoLS which had been authorised for people were kept in their care files and a care plan detailing the restriction and how it should be met had been developed and kept under review. Staff knew which people had a DoLS in place and the details of them.

A four week menu which was being followed showed people were offered three main meals a day, including breakfast, lunch and tea. Snacks were made available to people in between main meals. On examining the menus we found that they did not always evidence that people were offered a variety of fruit and vegetables each day. Fried chips were an option at least five days a week on each of the four weeks menus and on two of the week's menus fried chips were an option for two of the main meals on the same day. People were approached following breakfast to select their chosen meals for lunch and tea and we noticed on the second day of our inspection that some people had selected fried chips for both meals. The registered manager confirmed that people were offered fruit drinks at breakfast time and portions of fruit throughout the day. However the registered manager acknowledged that the menus and food diaries kept for people did not reflect this. The registered manager also acknowledged that options available on the menus required revising with a view of reducing the option of fried chips and replacing them with a healthier option.

People's nutritional and hydration needs were assessed and planned for using a nationally recognised tool. Care plans detailed the support people needed with eating and drinking along with any special dietary requirements or equipment they needed to enhance their mealtime. People who were at risk of malnutrition and/or dehydration were provided with encouragement to eat and drink and supplementary charts were in place for recording their fluid and food intake. The recommended amount of fluid which people were required to consume in a 24 hour period was calculated in line with their weight and the amount was recorded onto the fluid chart. The total amount consumed at the end of each 24 hour period was calculated and entered onto the record. This information helped staff to monitor people's food and fluid intake. People were offered hot and cold drinks with meals and at regular intervals in between and there were jugs of cold drinks located around the service for people to help themselves to. Referrals were made to dieticians when a person experienced a significant weight loss or if concerns about their food and fluid intake were identified.

Information about people's food likes and dislikes and special dietary needs was held in the kitchen. The information identified people with diabetes who required a low sugar diet and those who required their meals texturizing. Details of food items which people disliked and any particular preferences they had, was also included. A sign was placed against the names of people to indicate that they needed 'a helping hand' at meal times.

Good

Is the service caring?

Our findings

People and family members told us that staff were respectful, polite, kind and caring. Their comments included, "They [staff] are all very nice indeed", "They [staff] ask you how you are all the time", "All of them [staff] are respectful of [relative] wishes and they are really polite and very patient" and "They [staff] treat me like royalty".

People and their family members were provided with information about the service. A notice board which was located near to the office displayed a 'Welcome to Orchard' sign and below it there was a range of information about the service. A copy of the services statement of purpose and statement of values was amongst the information provided. These documents detailed what people should expect from the service. For example, arrangements in relation to meal times, activities, the laundry service, making a complaint and staffing arrangements. Each person's bedroom also displayed a copy of the services statement of purpose and information about how to make a complaint.

Information about advocacy services was also made available to people. No one at the time of our inspection required the support of an advocacy service; however the registered manager and staff knew the circumstances of when advocacy services would be required. All information was made available in easy read format for those people who needed it.

People were encouraged to personalise their bedrooms as they wished. Bedrooms displayed items such as flowers in vases, pictures, photographs, plants and ornaments. Some people had easy chairs and other items of furniture which they had brought with them from their previous home. A television was provided in bedrooms for people who wanted one. Co-ordinated bed linen and towels were provided as part of the service and it was in good condition and nicely laundered. People told us that their bedrooms were always kept clean and tidy and they said that staff respected their personal belongings.

Staff had completed dignity training and they understood the importance of maintaining people's privacy, dignity and independence. Examples included, listening to what people had to say and responding to them, encouraging people to do as much as they could for themselves and knocking on doors before entering bathrooms and bedrooms. We observed these practices taking place throughout the inspection. One person who enjoyed sweeping floors was provided with a brush and a cordless vacuum cleaner and staff explained that carrying out this task each day was very important to the person.

Staff were patient and encouraging when assisting people to mobilise. For example, a member of staff patiently assisted one person who was having difficulty walking. Whilst providing assistance the member of staff reassured the person and advised them to take their time. Staff sat next to people and maintained eye contact with them when holding conversations and they offered comfort and support to people during periods of anxiety.

Discussions about people and with people and family members took place in private as were consultations with other visiting health and social care professionals. People spent time with their visitors in lounges and

the dining room and they could go to their bedrooms if they wished to meet privately with visitors. People's personal records were locked away when not in use and staff understood their responsibilities for maintaining people's confidentiality.

Family members and other visitors were welcomed. Staff greeted family members and offered them with refreshments. Family members told us that they were always made to feel welcome and that there were no restrictions placed upon them when visiting their relative. One family member told us that they visited several times a week and they commented that they felt they were amongst family. They also told us that they often had a meal with their relative.

People or where appropriate family members were invited to share information about people's lives. For example, where the person was born, important relationships, previous working life, skills and interests. Discussion held with staff showed they had a good understanding of people's backgrounds and what was important to them.

Some people had a 'do not attempt resuscitation' (DNACPR) order in place which had had been authorised by their GP. These were put in place where people had chosen not to be resuscitated in the event of their death or in cases where they cannot make this decision themselves, where the GP and other individuals with legal authority have made this decision in a person's best interests. DNACPR certificates were placed at the front of people's care file so it was clearly visible. This information was also highlighted to staff during handovers so that staff knew what action to take in the event of a person's death.

The principles of the Gold Standard Framework (GSF) were being followed to provide end of life care to people. This involved staff working together as a team and with other professionals including GPs, specialist nurses and teams to help to provide the highest standard of care possible for people at end of life and their families. Information was made available to people and family members about making advanced decisions around their end of life choices. Where people had wished to participate in this discussion, important information about their end of life wishes was documented. We saw an example were a person received end of life care in line with their wishes. An appropriate end of life care plan was in place and being followed to ensure the person remained comfortable and kept free from pain at all times.

Good

Is the service responsive?

Our findings

People told us that staff attended promptly to their requests for assistance. People and family member told us that they knew how to complain and that they had no hesitation about complaining should they need to. Comments people and family members made included, "They [staff] see to me pretty quickly, I've never been left waiting too long", "When I've used my bell they [staff] have come right away", "[Relative] had in the past been left waiting to use the toilet but things have improved and [relative] is now quickly attended to".

People's needs were assessed and planned for. Before a person moved into the service the registered manager met with them and carried out an assessment of their needs. The outcome of the assessment and other assessments obtained from external health and social care professionals were used to determine if the person's needs could be met at the service. Assessments covered people's health, physical and social care needs and any risks associated with them.

Each person had a care plan which was developed based on assessments carried out. Care plans identified people's needs and provided staff with instructions on how the need was to be met. Records showed that care plans were reviewed each month and updated as required, for example when there had been a change in a person's needs. Care plans were accessible to the relevant staff and staff told us that they were informative and clearly described people's needs and how they were to meet them.

People's needs were communicated amongst the staff. Staff handovers which took place during each shift change were used to to discuss people's care, communicate any concerns and ensure that each member of the staff team knew exactly what was going on. In addition a daily record was maintained for each person which summarised the care and support they had received, any progress made and changes in people's care which needed to be observed. All contact people had with others including health and social care professionals, family and friends was also recorded in their daily records. Daily records evidenced that staff had responded to any concerns they had noted with regards to people's health and wellbeing. For example, GPs and specialist nurses were called upon when a concern in a person's condition or when a new concern was identified. A record which was kept showed people had attended regular appointments with primary healthcare services such as dentists, opticians and chiropodists.

We met with two visiting healthcare professionals who told us that staff communicated well with them regarding people's needs. They also told us that staff followed all the advice and guidance which they gave regarding people's care and support.

An activities co-ordinator had recently left and the registered manager confirmed that they were in the process of recruiting to the post. In the mean time staff organised and facilitated one to one and group activities. People told us staff organised bingo and quizzes which they enjoyed.

The registered provider had a complaints procedure which was made available to people and their family members. The procedure described the process for making a complaint and the response people should expect if they made a complaint. A copy of the procedure was displayed on the main corridor and in

people's bedrooms. People and family members told us they had no worries about complaining should they need to. The registered manager maintained a record of complaints which detailed the nature of the complaint and details of the investigation and outcome.

Good

Is the service well-led?

Our findings

People who used the service and family members were familiar with the registered manager and they described her as very approachable and supportive. Their comments included, "I've never had a problem speaking with her [registered manager] she listens and as far as I am concerned does a really good job" "This place is run like clockwork" and "It's a well-run home".

During the last inspection in September 2015 we found a breach of Regulations 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the system in place to monitor the quality of the service and make improvements was not always effective. Following the inspection we received an action plan detailing how and when the required improvements would be made.

During this inspection we found the required improvements had been made to the system for assessing and monitoring the quality of the service and making improvements. Daily checks to ensure call bells were accessible to people had been implemented and were being carried out. In addition parts of the environment and items of equipment which were dirty and dusty had undergone a deep clean. More robust cleaning schedules and checks to ensure they were being followed effectively were put in place and followed. Other aspects of the service which were checked on a regular basis included; infection control, care planning records, medication and associated records, health and safety and staffing. Records showed the checks were carried out in line with the registered provider's requirements. An action plan to address any areas identified for improvement was developed. The plans clearly identified who was responsible for ensuring the actions were completed and the expected timescale in which improvements were to be made.

The registered manager occupied an office on the ground floor near to the main entrance. The office displayed a sign showing the registered managers name and title so that and people knew where to find her. People, family members and staff told us they felt comfortable about approaching the registered manager at any time. The registered manager was visible around the service and we saw her engaging in discussions with people and family members and they told us this was usual.

The registered manager and staff were clear about their roles and responsibilities and they knew who they were accountable to. A named senior carer was appointed to take charge in the absence of the registered manager and a senior manager within the company was on call 24 hours a day for advice and guidance.

The registered manager kept people, family members and staff informed about any changes and developments to the service through regular meetings and briefings. Staff confirmed that the registered manager actively promoted an open door policy whereby they felt confident in approaching her should they need to discuss any aspect of their job or for advice and guidance. Staff said that the registered manager acknowledged their good work and promoted their development. Staff were given opportunities to develop with their roles, for example junior care staff were promoted to more senior positions.

Information was made available to staff around best practice and current legislation including the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This kept staff informed of current good

practice and the law which affected their work and it helped to develop their knowledge and understanding of matters relating to their roles and responsibilities.

Files containing the registered providers policies and procedures for the service were made available to staff. The documents were kept under review by the registered provider to ensure that they were in line with current legislation and best practice. Policies and procedures support effective decision making and delegation because they provide guidelines on what people can and cannot do what decisions they can make and what activities are appropriate.

Accidents or incidents which occurred at the service were recorded and reported in line with the registered provider's procedure. This included the completion of accident/incident forms and copies were held in the person's care records. The occurrences were reviewed by the registered manager each month to help identify any measures which could be put in place to reduce further occurrences.

The ratings following the last CQC report was clearly displayed on a notice board on the main corridor.

The registered manager had submitted notifications as required to the CQC prior to our inspection. Registered managers and registered providers are required to submit statutory notifications to the CQC. Notifications are changes, events or incidents that providers must tell us about.