Voyage 1 Limited

Coombe Road

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 took place on 15 and 17 November 2017 and was unannounced. At our previous inspection in October 2015 the service received an overall rating of 'Good'.

Coombe Road provides personal care for up to eight adults with a learning disability. There were seven people living in the service at the time of our inspection. Coombe Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Coombe Road accommodates up to eight people in one three story building. The ground floor and garden are accessible to people using a wheelchair.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service had a registered manager in post. 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 were protected from abuse and neglect by a staff team that had been trained to identify and report abuse. People were provided with information to report any concerns they may have about their own safety. Staff assessed risks to people and implemented plans to mitigate them. The homes environment and equipment were safe and staff followed appropriate hygiene practices to protect people from infection. Robust recruitment practices were followed to ensure that staff were suitable to deliver care and there were enough staff available to keep people safe. Staff administered medicines in line with the prescriber's and people were protected by the preparedness of staff to respond to an emergency.

People's needs were assessed prior to their admission to the service and then reassessed periodically or when their needs changed. Staff were supervised and trained and their performances were appraised. People's nutritional needs were met and they were supported to access the services of healthcare professionals whenever they were required. People were treated in accordance with the Mental Capacity Act 2005 and were supported with appropriate referrals when restrictions were required to keep them safe.

Staff were described as caring by people and they provided people with emotional support. People were encouraged to be as independent as possible and to develop their everyday living skills. Information was available in an accessible format for people. Staff respected people's dignity and privacy and supported people around their culture and spirituality.

People received care that was personalised to their needs and preferences. Staff supported people to engage in activities at home and in the community. Procedures were in place to support and respond to people's complaints and end of life care needs when required.

People and staff expressed confidence in the registered manager who encouraged an open culture. The registered manager sought and acted upon the views of people and involved staff in shaping the service. The quality of care and delivery was robustly audited and the service undertook partnership working with others.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remained good.	**Good**
Is the service effective? The service remained good.	**Good**
Is the service caring? The service remained good.	**Good**
Is the service responsive? The service remained good.	**Good**
Is the service well-led? The service remained good.	**Good**

Coombe Road

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 15 and 17 November 2017. It was unannounced and undertaken by one inspector.

Before the inspection we reviewed information we held about the service. This included reports from previous inspections and statutory notifications submitted by the provider. Statutory notifications contain information providers are required to send to us about significant events that take place within services. We also read previous inspection reports.

During the inspection we spoke with two people, three staff, the registered manager and the operations manager. We read five people's care records including their needs assessments, support plans, risk assessments and medicines administration records. We read five staff files which included their recruitment, training and supervision records. We reviewed the provider's quality assurance checks as well as their health and safety, fire safety, food safety and infection control practices. We also carried out general observations.

Good

Is the service safe?

Our findings

People continued to feel safe at Coombe Road. One person told us, "It is safe here. I am safe here. The staff are nice." Another person said, "I feel safe because staff walk with me." We observed interactions between staff and people who did not communicate verbally. People appeared to be happy in the company of staff, when approached by staff and when engaging in activities with staff.

People had access to information to keep themselves safe. A large pictorial easy-to-read poster was displayed on the noticeboard near the communal lounge. It asked, "How safe are you?" And, "Do you need help?" A safeguarding contact number was printed in large bold text on the poster. People's relatives and advocates also received information about who to contact if they were concerned about people's safety. This included the local authority safeguarding team and CQC.

Staff had the training, skills and knowledge to protect people from abuse and neglect. All staff received training in safeguarding people and explained to us the provider's procedures for protecting people from abuse and reporting abuse if they suspected it. One member of staff told us, "Indicators of abuse might include changes in behaviour, unexplained marks on the skin. Neglect here would mean leaving people unattended. We would never do that." Another member of staff told us, "I would let the registered manager know if I was worried about an abuse situation. He would tell the police and social services."

The risks of people experiencing avoidable harm were reduced by the provider's risk assessments. People had risk assessments in place to keep them safe. For example, one person was at risk of falling and staff had directions in care records to ensure the person's Zimmer frame was always within easy reach. In another example, where people presented with unsafe swallowing staff made referrals to healthcare professionals for assessments. Staff implemented the guidelines from these professional assessments to reduce the risks of people choking. Staff we spoke with understood the nature of this risk and how to reduce it. Staff had received first aid training and were confident in their ability to respond quickly and appropriately to a choking incident.

People lived in a safe environment. The registered manager ensured that the appropriate checks were undertaken to confirm the safety of the home and its equipment. Window restrictors were fitted throughout the service. These prevented windows from opening further than 10 centimetres and protected people against the risk of accidentally falling out of them. Staff took action to reduce the risk of harmful bacteria building up in the water system which could make people sick. This included staff regularly flushing toilets that were not often used and turning on taps in unoccupied bedrooms. Staff protected people from the risks associated with contact with hazardous chemicals by locking potentially dangerous cleaning products in a locked cupboard within a locked but ventilated room.

People's equipment was safe to use. One person used a profiling bed. Profiling beds are electronically operated height and position adjustable beds to support people's mobility needs. The registered manager ensured that specialists conducted regular checks of this equipment to ensure its safety and we found that signed and dated certifying stickers were in place on the profiling bed and hoist. Portable electrical

appliances were also tested to ensure they were safe for people to use in their bedrooms and communal areas.

Where people presented with behavioural support needs staff had guidance in care records. Staff received training to manage people's behaviours which may challenge. This training emphasised low arousal responses including speaking slowly and calmly to people, redirecting people to distract them from the cause of their agitation and offering reassurance. Staff did not use restraint. The provider organisation had a behavioural support team whose therapists were available to assess and plan for people whose behaviours could challenge. These assessments identified factors which may trigger behavioural incidents so that staff could take action to support people to avoid them. For example, a factor that had been identified as triggering one person's behavioural incidents was staff handover time when the person felt ignored. The service managed this by ensuring a member of staff supported the person at that time. Another person was assessed as responding adversely if they heard the word, "No." As a result staff used alternative terms when conversing with them.

People were supported by staff who were recruited through robust processes. Staff delivering care and support had successfully completed the provider's application and interview stages, had their details checked against criminal records and barring lists and provided proof of their identities, addresses and eligibility to work in the UK. This meant that staff were safe and suitable to provide care and support to people.

There were enough staff available throughout the day and overnight to keep people safe. One person told us, "The staff are always here even when I go to sleep." The registered manager reviewed staffing levels regularly to ensure the right mix of staff in terms of gender and experience and to ensure there were enough staff available to meet people's changing needs. The service did not use agency staff. To maintain continuity regular staff covered the planned and unplanned leave of colleagues with overtime shifts. Staff had access to management in the event of an emergency. The provider maintained a two tier on call service. The provider's out of hours on call telephone system was staffed by registered managers and deputies on the first tier. The second tier of on call was staffed by senior managers including operations managers. This meant staff had continued to have access to management advice and guidance overnight and at weekends to keep people safe.

Staff administered medicines to people safely and in line with the prescriber's instructions. One person told us, "I take my medicine because of my health. The staff give it to me. They tell me what it is and ask do I want it." People had easy read pictorial information about their medicines. This included the names of medicines, the reason they were prescribed and how the medicines worked. People's names and photographs were displayed in their medicines records to ensure staff had the information they required to give the right medicine to the right person. Where people received 'when required' medicines staff had guidance in records as to the dose and frequency of medicines administration. All staff successfully completed the provider's medicines administration competency assessment as well as regular refresher training.

People were protected by the preparedness of staff to respond effectively in an emergency. Each person had a personal emergency evacuation plan (PEEP) which detailed the support people required to respond safely in an emergency. For example, in one person's PEEP staff were directed, "Not to overwhelm [person's name] with too much information during the evacuation process. This could be confusing." In another person's PEEP it noted that once at the assembly point the person, "Should not be left unattended." Staff and people rehearsed the full evacuation of the building every six months. Records of fire evacuations included the date, time and how long it took to fully evacuate the building. Staff received fire safety training each year and the homes fire alarm was tested weekly.

People were protected from food poisoning by the safe food hygiene practices of staff. Staff were trained in food safety and we found food preparation was undertaken hygienically. Staff used coloured coded chopping boards for the preparation of different food types. For example, blue chopping boards were used to prepare raw fish, red chopping boards were used to prepare raw red meat whilst fruit and salad were prepared on green chopping boards. This practice was used to minimise the risk of harmful bacteria being transferred whilst making meals with and for people. People and staff had information available to them in the kitchen about hand hygiene during food preparation. A large colour poster used photographs to illustrate step by step the correct technique for hand washing. We found that foods were correctly stored in the fridge. For example, meats were stored at the bottom, items were labelled and in line with good practice there were no opened tins in the fridge.

Staff wore personal protective equipment (PPE) to protect people from the risk of infection whilst providing personal care. Staff wore single use disposable gloves and aprons when supporting people to bath and shower. The provider's infection prevention and control policy directed staff to, "Ensure hand hygiene before and after the use of gloves." Staff had guidance on correct use of PPE. For example, where people were prescribed creams to be applied to their skin staff wore gloves to reduce the risk of infection. In the event of an infectious disease outbreak at the service the registered manager had clear guidance to follow within the provider's policies and procedures.

The service learned from mistakes and took action to improve people's safety. The registered manager reviewed accidents and incidents records and investigated safeguarding concerns where the local authority delegated the task to him. For example, the registered manager investigated a safeguarding concern in which a person returned to the service, following a home visit, with missing medicines. The service investigated the incident and reviewed medicines arrangements for when people were away from the service. This resulted in a change to practices so that people only took the medicines they required for the duration of their time away from the service. This prevented the risk of the incident recurring. The provider had a concerns helpline available for staff. The telephone number for the concerns helpline was displayed in staff room. Calls were answered by staff at the provider's central office. Staff we spoke with understood the provider's whistle-blowing policy and their personal responsibility to report to an external agency if the provider had not addressed their concerns about people's safety or the quality of their care.

Good

Is the service effective?

Our findings

People's needs were assessed prior to moving into the service. These assessments included the compatibility of people with those already living at Coombe Road. Pre-admission assessments covered people's mobility, behavioural support needs, their communication needs and how people expressed their sexuality. People were supported with reassessments as their needs changed and referrals to healthcare professionals were made when specialist assessments were required. For example, referrals were made to speech and language therapists to review people's ability to swallow safely and to psychologists to determine the function of people's behaviour and to develop guidelines for staff to support it.

Staff joining the service received an induction before delivering support to people. New staff received training and shadowed their experienced colleagues to observe how people received care and support in line with their preferences. As part of their induction new staff completed the Care Certificate. The Care Certificate is a national standard induction framework which develops staff knowledge around areas including people's privacy and dignity, working in a person centred way, duty of care and handling information. Additionally, some staff undertook training towards qualifications. This included a number of staff undertaking the national vocational qualification (NVQ) in health and social care.

People were supported by trained staff who undertook mandatory and refresher training. To ensure they had the skills required to support people effectively staff received training in areas including, mental capacity, first aid, health and safety, manual handling and safeguarding people. Staff also received training in topics related to people's specific care needs such as, allergen awareness and epilepsy awareness.

People were supported by supervised staff. The registered manager held one to one supervision meetings with staff every two months. A member of staff told us, "They are really helpful. I get to share ideas." At their first supervision meeting staff and the registered manager signed a supervision agreement. The agreement covered the agenda, boundaries and the recording of future supervision meetings. Records were made of supervision meetings for later review. The registered manager displayed supervision dates for each member of staff for the entire calendar year. This meant staff could prepare for each supervision session in advance. The registered manager supported staff with annual appraisals. These meetings were used to evaluate staff performance over the past year, to set goals for the following year and to discuss staff development.

People ate well. One person told us, "[Staff] are very good cooks." Another person told us, "I choose what I want. At the weekend I choose a fry up in the morning as a treat." People chose their meals from a pictorial menu and those who wanted to were supported to go food shopping for the home. People received the support they required to eat and drink safely.

The service had plans in place to ensure the smooth transfer of people into and out of Coombe Road. The service's admission plan included a plan for Coombe Road staff to shadow members of staff at the service the person was moving out of. This would enable staff to build a rapport with people and gather information about people's needs and how they preferred them to be met. The plan included people receiving pictorial and easy read information about the service prior to moving into it. Where appropriate people transitioning

into the service could visit the service for planned periods and activities and for overnight stays.

People had timely access to healthcare professionals whenever they wanted or their needs required. One person told us, "Staff take me to the doctor and tell me not to worry." Staff made a record of all healthcare appointments in people's care records and followed up on any actions required. For example, when a physiotherapist assessed and supported one person with a specific exercise programme, guidelines and training were made available to staff who continued the programme after the person's case was closed to them. People who presented with diabetes were supported with appointments to review their health related needs. For example, people had blood tests, diabetic eye tests and used podiatry services. People had Health Action Plans (HAPs) in place which covered areas including people's continence, medicines and emotional well-being. HAPs also focused on people's allergies, oral care and mobility. Records of healthcare appointments were maintained in HAPS and were reviewed by the registered manager.

The service was accessible for people using a wheelchair. A low gradient ramp was available at the rear of the property for people to gain entry and the ground floor was wheelchair accessible throughout. The service did not have a lift. This meant people with physical disabilities could only access the facilities on the ground floor. Each bedroom had a sink but none had en suite toilets or bathrooms. People told us they liked the home, its layout and facilities.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The service assessed people's capacity around areas including finances, personal care and activities in the community. Where people lacked capacity best interests meetings were undertaken with health and social care professionals. Where people were subject to DoLS, details of the deprivation, the assessments supporting it and the duration it applied for were stated in care records. Where the outcome of further DoLS applications were awaited, the service kept copies of correspondence with the Local Authority team responsible.

Good

Is the service caring?

Our findings

People continued to be supported by a staff team they described as caring. One person told us, "The staff are really nice and friendly." Another person told us, "Yes, they are caring all of the time." People and staff shared positive relationships. People knew staff well and we observed caring and encouraging interactions. One member of staff told us, "I like to see people happy. I like to make people happy. I can do that here and the people make me happy."

People received the emotional support they required from staff. One person told us, "They [staff] are good when I get worried." Care records informed staff as to the situations in which people were most likely to become anxious and agitated. For example, one person's level of anxiety was likely to increase significantly if their communication was misunderstood. Another person was described as becoming anxious if they were told about an event too far in advance. Care records provided staff with person centred responses. For example, one person's care records directed staff to provide, "Reassurance and praise when supporting [person's name] with any activity or task." Another person's care record emphasised the importance to them of staff maintaining eye contact. This meant staff had clear guidance in care records on meeting people's emotional needs.

The service made information available to people in accessible ways. Menus contained photographs of plated meals for people to choose. People received a service user guide. This too was pictorial and was produced with large print text and short sentences. People received a handbook from the provider. This easy read booklet contained information in large bold print, with few words per line and pictures throughout. The booklet included photographs of healthcare professionals and examples of people's preferred leisure activities. The handbook set out people's responsibilities as well as their rights which included, "Being safe", "Respecting others" and, "Keeping well."

Care records stated how people's communication needs should be met. For example, one person's care plan informed staff, "Speak to [person's name] moderately slowly and give them time to digest the information." A member of staff told us, "Most of the people here don't use speech. But by getting to know people you get to understand what they are communicating. People vocalise and we know what different sounds mean and we respond accordingly. One person, for example, makes a high pitch sound when they have had enough of an activity so we stop." How people made decisions was recorded in care records. People were supported to use advocacy services to assist their decision making. For example, one person had an advocate who supported them at their care review meetings. This meant people were supported to make decisions.

People were supported around their cultural and spiritual needs. Staff identified people's cultural food preferences. For example, a person from the Caribbean was supported to eat Caribbean food. These dishes were popular and were offered as an option for all people at the service. People who wanted to go to church were supported to do so. Additionally, a priest visited the service to enable people to express their spirituality through activities that included prayer and singing. The service celebrated the cultural and religious events that people wanted to. These included Christmas, Easter and Halloween.

People were encouraged to complete as much of their personal care as they were able. This helped to promote people's dignity. One person told us, "Staff wash my back because I can't reach it. They put cream on my skin to help me keep it nice and soft." A member of staff told us, "We encourage people to do what they can do independently during personal care." Another member of staff said, "We close people's bedroom doors to protect their dignity during personal care. And out of respect for their privacy we knock their bedroom doors before we go in." The service ensured the privacy of people's information. Care records were kept in the office and the registered manager used a shredder when disposing of personal and confidential information.

People received the support they required to maintain the relationships that were important to them. Where people had relatives who also had a learning disability the service liaised with their care services to ensure frequent contact continued. People's care records noted the relationships that were important to them. Person centred care plans contained a 'relationship map' which identified the significant relationships in people's lives. One person's care records said, "It is important for [person's name] to be continually in touch with both parents." Another person's care records provided staff with guidance on supporting them to maintain their relationships by, "Ensuring that [person's name] has time and privacy" when visited."

Good

Is the service responsive?

Our findings

People continued to receive personalised care. One person told us, "Me and the staff do all sorts. We go out a lot. We do nice things." People's care plans guided staff about meeting people's assessed needs in ways they preferred. For example, "One person's care records noted that it was important to them that staff praised them in specific circumstances. We observed this during several interactions between the person and staff and on each occasion the person responded positively to the praise they were given. People, their relatives and advocates participated in people's care plan reviews to ensure they continued to be person centred.

People were supported to engage in a range of activities. People participated in activities of their choosing both inside the home and within the community. At home people received massages from a visiting aroma therapist, play musical instruments such as keyboard pianos with a visiting musician and leisure activities with staff, including arts and crafts. One person told us, "I like using beads to make necklaces and bracelets." Staff supported the person to purchase the materials they required. The service had a sensory room in which people were supported with relaxation exercises. The room contained bean bags, sensory lighting displays, a music system and a mirror ball. Within the community, people were supported to attend a day centre, visit a social club and make use of the amenities nearby including pubs, parks, shops and restaurants. One person told us, "I really like it when we go out to eat. My favourite is Chinese meals."

People had keyworkers assigned to them to develop a rapport and ensure their care plans were implemented. Keyworkers are members of staff who have responsibility for arranging people's health appointments and activities, liaising with relatives, reviewing care records and planning holidays. Both of the people we spoke with knew who their keyworker was and told us about the activities they did together. Keyworkers reported developments on a regular basis to the registered manager.

People's bedrooms were personalised. People told us they chose how their bedrooms were arranged. This included large framed self-portrait photographs of people. People's bedrooms also contained photographs of relatives as well as of people on holidays and engaged in activities. People who wanted them had soft toys and some people displayed their art and craft work in their rooms.

The service had a complaints procedure which was available in an easy read format. No complaints had been made since the last inspection. The registered manager told us, "We are open to complaints. We welcome them from people, relatives and professionals because we use them as an opportunity to learn."

Whilst none of the people currently residing at Coombe Road were identified as requiring end of life care the service was planning ahead. On the first day of our inspection the registered manager met with a palliative specialist nurse from a beacon hospice service. Arrangements were formalised for the registered manager and deputy manager to attend a six month training programme in end of life care. The service planned to work with people and their relatives to develop easy read advanced care plans. Advanced care plans are personalised plans focusing on people's preferences for how they want to be supported towards the end of their lives.

Good

Is the service well-led?

Our findings

One person told us, "The [registered] manager is a nice man. A nice, kind man." Referring to the deputy manager the same person said, "She is lovely. We talk together and go shopping together sometimes." Staff were positive about the management of the service too. One member of staff said, "They are good. If I have a problem I can go to them. I don't have to ask for the same thing over and over. They are helpful and quick to respond to what we raise." A second member of staff told us, "The [registered] manager gives us the confidence to work better and try new things with people. That is because he is so encouraging and open to new ideas." A third member of staff said, "I love this job. I love to see people happy. The managers and we the staff make that happen here every day."

People received their care and support in a service where the management was visible. The registered manager and his deputy usually worked on opposite shifts to maximise the amount of time staff had access to management support. The registered manager arranged team meetings for staff to share their views. We reviewed five team meeting records and read that issues discussed included equality and diversity, health and safety, communication within the team, infection prevention, activities and safeguarding. One member of staff told us, "We can contribute to the team meeting agenda so we can talk about what's up. The registered manager deals with concerns straight away."

The provider promoted well-being within the staff team. The provider supported staff to undertake risk assessments to manage their stress. These involved staff evaluating their relationships with colleagues, the open culture of the service and whether staff felt their role was clearly defined. Staff were also asked if they felt they had the time, resources and capacity to perform their roles. Where stresses were identified the registered manager supported staff with them on an ongoing basis during supervision. Additionally staff had access to a helpline where they could share their concerns and receive support.

The provider welcomed diversity and promoted greater understanding of gender and sexuality issues. In line with its equality values the provider's weekly newsletter highlighted transgender awareness week and offered the opportunity for staff to attend an awareness session at which a person who had transitioned was due to share their experiences.

The registered manager and provider undertook regular audits of the service to ensure people received good quality care. The service used an electronic auditing system to monitor the quality of the service. Audits included care records, training and medicines. The medicines audit included checks of medicines administration record [MAR] charts to ensure they were correctly signed and checks of medicines stocks and balances to ensure they tallied. The provider's operational manager also undertook a monthly audit of the service. These audits included reviews of accidents and incidents, repairs and maintenance, fire safety and the action plans following previous audits.
The provider had a quality auditing team which conducted unannounced detailed annual checks of the service. The provider also had a service improvement team available to support registered managers and teams that may be struggling. This team had not been required at the Coombe Road service.

The service gathered the views of people and their relatives. Two relatives responded to the survey the provider sent to them a month before our inspection. Both sets of responses were positive. One relative said, "[Person's name] is taken care of in a nice way. Staff are very kind." Another relative stated in their survey response, [Person's name] is always happy." The registered manager ensured that keyworkers understood their roles which included reviewing and evaluating people's daily notes, attending people's care plan review meetings and keeping family members informed.

Staff felt involved in the development of the service. One member of staff told us, "We have good management. They have made a lot of improvements. Activities have increased massively in the community in particular but at home here too. For example, we suggested maybe people could go to a social club and now people go to one every week. Another member of staff told us, "Whenever we suggest a new activity they say, "yes, brilliant! Let's try it." The provider gathered the views of staff through questionnaires. These asked questions including, "How would you describe the care and support at Coombe Road?", "What do you feel does not work well?" and "What changes would you like to see happen?"

The provider produced and circulated a weekly newsletter to keep staff informed of good practice. Entitled 'Weekly updates' they were used to share information about events within the provider organisation as well as the wider care sector. Articles included needs assessing, CQC inspections, the Care Certificate and advice on when to call the NHS helpline, the GP or support people directly to hospital. Staff signed each newsletter to confirm they had read it and the registered manager kept copies in a dedicated folder for review by staff at any time.

The registered manager worked collaboratively with external resources to promote positive outcomes for people. Staff worked in partnership with the local multidisciplinary team to assess people's needs, with social workers to ensure people were appropriately placed and with Croydon People First which is a self-advocacy organisation for people with a learning disability. The registered manager attended the local authority's provider's forum and belonged to its person centred planning email group. The registered manager understood the legal responsibilities of their registration with CQC and the requirement to keep us informed of important events through notifications when required.