

Mr & Mrs A D Williams

# The Glen Private Nursing Home

## 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

The Glen 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. The Glen is registered to provide accommodation for up to 19 people who require nursing and personal care, some of whom may be living with dementia. The home is a converted house with a purpose built extension. The home is situated within its own grounds within a residential area of Sheffield.

There was a manager at the service who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run.

Our last inspection at The Glen took place on 11 January 2017. We found a breach in the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in Regulation 19, Fit and proper persons employed.

The registered provider sent an action plan detailing how they were going to make improvements. At this inspection, we checked improvements the registered provider had made. We found sufficient improvements had been made to meet the requirements of Regulation 19: Fit and proper persons employed, as the registered manager had obtained all of the required information prior to people working at the home.

This inspection took place on 9 April 2018 and was unannounced. This meant the people who lived at The Glen and the staff who worked there did not know we were coming. On the day of our inspection, there were 14 people living at The Glen.

People spoken with were very positive about their experience of living at The Glen. They told us they felt safe and they liked the staff.

Staff were aware of safeguarding procedures and knew what to do if an allegation was made or they suspected abuse.

We found systems were in place to make sure people received their medicines safely so their health was looked after.

Staff recruitment procedures were robust and ensured people's safety was promoted.

Sufficient numbers of staff were provided to meet people's needs.

Staff were provided with relevant training, supervision and appraisal so they had the skills they needed to undertake their role.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The registered provider's policies and systems supported this practice.

People had access to a range of health care professionals to help maintain their health. A varied diet was provided, which took into account dietary needs and preferences so people's health was promoted and choices could be respected.

Staff knew people well and positive, caring relationships had been developed. People were encouraged to express their views and they were involved in decisions about their care. People's privacy and dignity was respected and promoted. Staff understood how to support people in a sensitive way.

A programme of activities was in place so people were provided with a range of leisure opportunities.

People said they could speak with staff if they had any worries or concerns and they would be listened to.

There were systems in place to monitor and improve the quality of the service provided. Regular checks and audits were undertaken to make sure full and safe procedures were adhered 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 told us they felt safe. Staff were aware of their responsibilities in keeping people safe.

Appropriate arrangements were in place for the safe storage, administration and disposal of medicines.

The staff recruitment procedures in operation promoted people's safety.

Staffing levels were adequate to meet the needs of people who used the service.

### Is the service effective?

Good ●

The service was effective.

Staff received training and supervision to carry out their roles effectively.

Staff knew about people's personal preferences and gave people as much choice and control as possible.

People were supported to maintain their health by being provided with a balanced diet and having access to a range of healthcare professionals.

### Is the service caring?

Good ●

The service was caring.

Staff respected people's privacy and dignity.

People living at the home said staff were very caring in their approach. We observed positive and caring relationships between staff and people using the service.

### Is the service responsive?

Good ●

The service was responsive.

People's care plans contained a range of information and had been reviewed to keep them up to date.

People were provided with a range of leisure opportunities to promote choice.

People living at the home were confident in reporting concerns to the registered manager and felt they would be listened to.

### **Is the service well-led?**

The service was well led.

Staff told us communication was good within the service.

There were quality assurance and audit processes in place to make sure the home was running safely.

The service had a full range of policies and procedures available for staff so they had access to important information.

**Good** ●

# The Glen Private Nursing 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.

This inspection took place on 9 April 2018 and was unannounced.

The inspection team consisted of two adult social care inspectors.

Prior to the inspection, we gathered information from a number of sources. We reviewed the information we held about the service, which included correspondence we had received and notifications submitted to us by the service. A notification should be sent to CQC every time a significant incident has taken place. For example, where a person who uses the service experiences a serious injury. We reviewed the Provider Information Return (PIR), which the registered provider completed before the inspection. The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

We contacted Sheffield local authority and Healthwatch (Sheffield) to obtain their views of the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. All of the comments and feedback received were reviewed and used to assist and inform our inspection.

During our inspection, we spoke with eight people using the service and one of their relatives to obtain their views about the service. We spent time in communal areas observing how staff interacted with each other and the people they were supporting.

We looked around different areas of the service, which included some communal areas, bathrooms, toilets and with their permission, some people's rooms.

We spoke with nine staff, which included the registered manager [matron], the assistant matron, three care staff, an activity coordinator, a housekeeper, the cook and kitchen assistant to obtain their views.

We reviewed a range of records, which included three people's support plans, three staff support and employment records, training records and other records relating to the management and monitoring of the service.

# Is the service safe?

## Our findings

Our last inspection at The Glen took place on 11 January 2017. We found a breach in the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in Regulation 19, Fit and proper persons employed. This was because all of the information required by legislation had not been obtained for a volunteer working at the home.

At this inspection, we found improvements had been made. Following our inspection, the registered manager provided us with an action plan, which detailed that the recruitment policy had been updated to reflect that all people working at The Glen, paid or voluntary, would have full recruitment checks undertaken. These checks included Disclosure and Barring Service (DBS) checks. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the service.

We checked three staff files and found they contained all of the required information. All of the staff spoken with confirmed they had a DBS check completed. The pre-employment checks seen included the provision of relevant checks. This showed that people's safety was promoted. We also saw a DBS check was in place for a current volunteer at The Glen.

People told us they felt safe living at The Glen and commented, "Oh yes I feel very safe" and "I feel safe here. At home I kept falling. There is someone [staff] here 24 hours a day. The nurses and carers are very good."

All staff spoken with confirmed they had been provided with safeguarding vulnerable adults training. Staff were trained in how to recognise and respond to abuse and understood their responsibility to report any concerns to the management team. The staff training records checked verified staff had been provided with relevant safeguarding training. This meant staff had an understanding of their responsibilities to protect people from harm.

We saw policies on safeguarding vulnerable adults and whistleblowing were available so staff had access to important information. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. Staff knew about whistle blowing procedures.

The service had a policy and procedure in relation to supporting people who used the service with their personal finances. The registered manager told us they occasionally handled small amounts of money for people living at The Glen. We saw that financial transaction records had been completed in line with the registered provider's policy. We checked three finance records. Each transaction was recorded, which detailed the amount spent and the balance. Receipts were retained to support the records. The monies kept corresponded with the amounts recorded. These procedures helped to keep people safe from financial abuse.

Staff spoken with said they would be happy for a relative or friend to live at the home and felt they would be safe.

We checked to see if medicines were being safely administered, stored and disposed of. We found there was a policy on medicines administration in place to inform staff.

We checked eight people's medication administration records (MAR.) These had been fully completed. The MAR held detail of any known allergies and protocols for administering medicines prescribed on an 'as needed' basis. The medicines detailed on the MAR corresponded to the medicines held. We found systems were in place to make sure medicines were stored securely.

Some people living at The Glen were prescribed Controlled Drugs (CD's.) These are medicines that require extra checks and special storage arrangements because of their potential for misuse. We found a CD register and appropriate storage was in place. We checked the CD records for three people. CD administration had been signed for by two staff and the number of drugs held tallied with the record in the CD records. This showed safe procedures had been adhered to.

Qualified nurses were responsible for administering medicines and undertaking medicines audits. We saw regular audits of people's medicines and MAR were undertaken to look for gaps or errors to make sure full and safe procedures, had been adhered to.

We looked at three people's care plans and saw each plan contained risk assessments that identified the risk and the actions required of staff to minimise and mitigate the risk. The risk assessments seen covered all aspects of a person's activity and were specific to reflect the person's individual needs. We found risk assessments had been regularly reviewed and updated as needed to make sure they were relevant to the individual and promoted their safety and independence.

We checked to see if enough staff were provided to keep people safe. Staff told us, and records confirmed, during each morning a minimum of four care staff and one qualified nurse were provided. During each afternoon and evening, three carers and one qualified nurse was provided. One nurse and one carer were available during each night. We found a system was in place to identify which people staff would be supporting so that they were provided with consistency. During our inspection, staff were visible around the home, spending time with people and responding to requests for support. This showed appropriate levels of staff were provided to keep people safe.

We found regular checks of the building were carried out to keep people safe and the home was well maintained. We found a fire risk assessment had been undertaken to identify and mitigate any risks in relation to fire. Personal emergency evacuation plans were kept for each person for use in an emergency to support safe evacuation.

We found policies for infection control were in place so that important information was provided to staff. Staff were provided with equipment, including gloves and aprons, to ensure they could provide care safely. All areas of the home seen were clean. Training records seen showed all staff were provided with training in infection control. We saw infection control audits were undertaken which showed any issues were identified and acted upon. The housekeeper spoken with said they worked to cleaning schedules and always had enough equipment available for them to do their job.

The registered manager confirmed they monitored records of accidents and incidents so that any trends or patterns could be identified and acted upon to reduce the risk of them happening again. We saw records of monthly accidents and falls audits to show that these were monitored to promote people's safety.

## Is the service effective?

### Our findings

People we spoke with told us they thought the care staff were well trained and performed their jobs well. Comments included, "They [staff] know what they are doing and they show people [living at the home] how to do things. Showing things as they go along. Staff are very nice" and "They [staff] look after you very well."

We found the service had policies on induction and training to inform practice. We checked the staff training matrix, which showed staff were provided with relevant training so they had appropriate skills. Staff spoken with said they undertook an induction and refresher training to maintain and update their skills and knowledge. This meant all staff had appropriate skills and knowledge to support people.

Staff spoken with said the training was, "Very good." Comments included, "They [manager's] are very good at keeping you up to date on training" and "Anything [training] you want to do they will look into."

We found new staff were completing the Care Certificate as part of their learning and development. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The Care Certificate gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. It is based on 15 standards, all of which individuals need to complete in full before they can be awarded their certificate.

We found the service had policies on supervision and appraisal to inform practice. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. Appraisal is a process involving the review of a staff member's performance and improvement over a period of time, usually annually. We checked the registered provider's supervision and appraisal matrix. This showed staff were provided with supervision and annual appraisal for development and support. Staff spoken with said supervisions were provided regularly and they could talk to their managers at any time. Staff were knowledgeable about their responsibilities and role.

We asked people living at The Glen about the support they received with healthcare. People said their health was looked after and they were provided with the support they needed.

The care records checked showed people were provided with support from a range of health professionals to maintain their health. These included GPs, Speech and language therapy (SALT), and dentists. People's weights were regularly monitored so any weight and health issues were identified quickly. Food and fluid intake charts were kept for people identified as at risk to help monitor people's health. The care records checked held clear details of people's health needs and how these were supported. This showed that people's health was looked after and promoted.

We found a varied and nutritious diet was provided to support people's health and respect their preferences. Staff were aware of people's dietary needs and preferences so these could be respected. We saw people were regularly offered drinks and snacks. People always had a drink within reach so they could

stay hydrated.

People told us the food was good and they enjoyed the meals. Comments on the food included, "They [staff] always ask us what we want and we can have different if we choose to," "Of course the food is very good, just look at us!" "The food is good. They [staff] are very obliging. They have gluten free and vegetarian food for people" and "If you say what you want they [staff] will get it."

People said they were involved in deciding the menu and this had been discussed at a recent residents meeting. Staff told us each person was provided with their own copy of the weekly menu in their room so that they had this important information.

We spoke with the cook who was knowledgeable about people's individual needs, likes and dislikes so that these could be respected.

We observed part of the mid-day meal in the dining room. We found the meal was a positive experience and people were supported as needed. The dining tables were neatly set out and looked welcoming. Tables were set with tablecloths, flowers, cutlery and glasses. We saw staff took time to support people and were patient when serving meals. The food was well presented. Some people had chosen to eat their meal in their rooms. We saw support was also provided to people who chose to eat their meal on their own.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

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

Staff we spoke with understood the principles of the MCA and DoLS. Staff also confirmed they had been provided with training in MCA and DoLS. This meant staff had relevant knowledge of procedures to follow in line with legislation.

There were clear records kept of DoLS authorisations and the care plans seen showed evidence of capacity assessments and decisions being made in the person's best interests. We saw records of best interest decisions regarding specific action, for example the use of thickeners in food. This showed appropriate guidance was being followed to support the best interests of the person.

People told us they felt consulted and staff always asked for consent. One person told us, "Staff always explain things. They ask what you want." We looked at three people's care plans and found care was provided to people with their consent. The care files seen held signed consent forms to evidence people had been consulted and had agreed to their plan. Where people had been unable to sign, the consent forms had been signed by the person's representative. This showed important information had been shared with people and their advocates and they had been involved in making choices and decisions about their care.

We found the home was designed and adapted to meet the needs of people using the service.

Accommodation was provided on two floors, accessed by a lift. The front door was fitted with a key code entry for security. People were able to walk freely around the home and clear signage and pictures helped to identify the different areas.

## Is the service caring?

### Our findings

People living at The Glen all made positive comments about the home. People told us they were happy and well cared for by staff that knew them well. They said staff, including the registered manager, were good at listening to them and meeting their needs. Their comments included, "The staff are very kind and caring," "[The Glen] is very nice indeed. I am very happy here. The staff are very kind. It couldn't be better," "They [staff] are very respectful, lovely people," "It's splendid. The staff are very kind and always there when you need them" and "I couldn't wish for better, really."

One relative spoken with told us, "Its brilliant here. Brilliant care."

People told us they were encouraged to be independent and were able to ask for help if required. Comments included, "I am as independent as I can be. I choose to spend time in my room. I have a window to the world and I am content. The staff know that it is what I like to do" and "They [staff] help where they need to but don't interfere."

During our inspection, we spent time observing interactions between staff and people living at the home. Staff had built positive relationships with people and they demonstrated care in the way they communicated with and supported people. We saw in all cases people were cared for by staff that were kind, patient and respectful. We saw staff acknowledge people when they entered a communal room. We saw staff crouch down so that they were at eye level with people before speaking to them. Staff shared conversation with people and were attentive and mindful of people's well-being. People were always addressed by their names and care staff knew them well. People were relaxed in the company of staff. This showed people were treated respectfully.

We saw staff discussed people's choices with them and obtained people's consent so they agreed to what was being asked. For example, staff asked people's permission for us to enter their rooms.

People told us that they felt involved. One person told us, "Oh yes, they [staff] involve me. We have residents meetings once a month." We saw people were able to choose where they spent their time, for example, in their bedroom or the communal areas. People were able to bring personal items with them and we saw people had personalised their bedrooms according to their individual choice. This also showed people were treated respectfully.

We did not see or hear staff discussing any personal information openly or compromising privacy. Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Any information needed to be passed on about people was passed on discreetly, at staff handovers or put in each individual's care notes. This helped to ensure only people who had a need to know were aware of people's personal information.

Records showed, and staff told us, training in dignity and respect was provided so staff had relevant skills to meet people's needs. Staff were able to describe how they promoted people's dignity. Staff told us they

treated people how they would want to be treated. We saw staff interacting respectfully with people and all support with personal care took place in private. This showed people's privacy and dignity was promoted and respected.

The care plans seen contained information about the person's preferred name and how people would like their care and support to be delivered. This showed important information was available so staff could act on this and provide support in the way people wished. The staff asked said they would be happy for a relative or friend to live at the home and felt they would be safe.

## Is the service responsive?

### Our findings

People living at The Glen told us staff responded to their needs and knew them well. They told us they chose where and how to spend their time and how they wanted their care and support to be provided.

Throughout our inspection, we heard staff constantly ask people about their preferences and choices regarding their daily living activities.

Throughout our inspection, we saw staff were responsive to people's needs. For example, we saw a person ask for specific help and staff responded immediately in a kind and patient manner. We saw staff helping people to the toilet as soon as they requested their assistance.

The assistant matron told us that, at the time of this inspection, some people living at The Glen preferred to get up early. The staffing rota had been changed and staff had willingly started work earlier to accommodate this preference. This also showed a responsive approach.

Throughout our inspection, we saw staff supported people's choices. We heard staff asking people their choices and preferences, for example, asking people what they would like to drink, where they wanted to spend time and what they wanted to do. We saw some people had chosen to spend time in their rooms and staff respected this.

We saw the service promoted people's wellbeing by taking account of their needs including daytime activities. The service employed an activity coordinator for ten hours over two days each week. A volunteer activity worker was available for another two half days each week and a hairdresser visited the home one day each week. The registered manager had plans to offer the volunteer activity worker paid employment.

We found care staff also provided a range of meaningful activities to people. The activities included trips out, arts and crafts, exercise classes, quizzes and singing. Information on future activities was displayed around the home so that important information was provided to people. Future activities included a trip to a garden centre and a visiting entertainer.

We looked at three people's care plans. They were all specific to the individual and person centred. All contained a range of information that covered all aspects of the support people needed. They included clear information on the person's identified need, interests, hobbies, likes and dislikes so that these could be respected. The plans gave clear details of the actions required of staff to make sure people's needs were met. This showed important information was recorded in people's plans so staff were aware and could act on this.

Where risks had been identified, appropriate risk assessments and related records were maintained. For example, one person's care plan held details of a nutrition and hydration assessment, which identified the person needed their fluid intake monitoring to make sure their needs were met. We found relevant fluid intake charts had been undertaken and fully completed to show that this identified support had been

provided. Another person's care plan detailed specific equipment had been assessed as needed to support the person. Records showed this equipment had been provided and its use was in regular review. This showed people's support needs had been identified, along with the actions required of staff to meet their identified needs. The care plans seen had been regularly reviewed to make sure they remained up to date.

The care plans seen contained evidence of people's involvement and showed they, and their family member had been consulted so that choices could be respected.

The staff spoken with said people's care plans contained enough information for them to support people in the way they needed. Staff spoken with had a good knowledge of people's individual needs and could clearly describe the history and preferences of the people they supported. Staff told us that plans were reviewed and they were confident people's plans contained accurate and up to date information that reflected the person.

We found information was provided to people in various forms so that it was accessible to people. For example, photographs of meals were shown to people to help them decide what to eat. The assistant matron told us they had plans to introduce 'audio menus' so that people who had restricted vision were equally informed about the choices on offer.

Staff spoken with said end of life care was always discussed so they had the skills and knowledge to care for people when this support was needed.

There was a clear complaints procedure in place. A copy of the complaints procedure was included in the Residents Handbook, which had been provided to each person living at the home. The complaints procedure gave details of who people could speak with if they had any concerns and what to do if they were unhappy with the response. This showed people had access to this important information to promote their rights and choices. We saw a system was in place to respond to complaints. We saw a complaints record was kept to record action taken in response to a complaint and the outcome of the complaint. At the time of this inspection, there were no unresolved complaints about The Glen.

All of the people spoken with said they could speak to staff if they had any worries and staff would listen to them. Comments included, "I haven't needed to complain, but I know how. I would speak to the manager," "If anything is worrying me I talk it through with them [staff]. They are not obstructive, they just sort it out" and "I can talk to them [staff] about anything. I don't have any worries but I would talk to them [staff] if I had."

# Is the service well-led?

## Our findings

The manager was registered with CQC. The registered manager was visible and fully accessible on the day of our inspection. Throughout our inspection, we saw the registered manager greet people by name and they obviously knew them well. We saw people living at the home and staff freely approached the registered manager to speak with them.

People living at The Glen and staff at the home spoke very positively about the registered manager and assistant matron. People told us they knew the registered manager and assistant matron and found them approachable. People said they had confidence in the registered manager and assistant matron, and they were encouraged to voice their opinion. People commented, "[Name of registered manager] is very approachable. I know all the staff very well" and "I can go to them [management team] at any time."

We found residents meetings were held each month so that people could be involved in improving practice. The records of residents meetings seen showed that people had influenced changes. For example, minutes of residents meetings showed that changes to the menu had taken place following discussions at residents meetings.

We found a welcoming, open and positive culture at the service that was encouraged and supported by the registered manager and assistant matron. Staff told us there was always a good atmosphere at the service.

Staff told us they were a close, stable group and most staff had worked at the home for many years. They told us they enjoyed their jobs and the registered manager was approachable and supportive. Comments included, "I love it here. We are a really close team," "People feel safe here. This is like home. We know what people want," "The matron [registered manager] is very flexible and accommodating" and "I would recommend this home. We all get on and it's a small home so we know everyone."

One member of staff told us, "It is a brilliant home. We are a small knit team and we all go the extra mile. We will come in earlier and stay longer if we need to."

We saw an inclusive culture at the service. Staff spoken with were fully aware of the roles and responsibilities of manager's and the lines of accountability. All staff said they were part of a good team and could contribute and felt listened to. All of the staff spoken with felt communication was good and they were able to obtain updates and share their views. Staff told us they were always told about any changes and new information they needed to know. Staff spoken with, irrespective of their role, displayed a commitment to and pride in their work.

Records seen showed staff meetings took place to share information relating to the management of the home. All of the staff spoken with felt communication was good in the home and they were able to obtain updates and share their views. Staff told us they were always told about any changes and new information they needed to know.

Discussions with staff and review of records showed that representatives from a variety of health and social care professionals were actively involved in supporting people. For example, consultants, GPs and speech and language therapists. This showed partnership working was promoted by the service.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. We found a quality assurance policy was in place and saw audits were undertaken to question practice so that gaps could be identified and improvements made. We found that systems were in place to measure service delivery and make sure the service continually improved. We saw that checks and audits had been made by the registered manager and assistant matron. These included care plans, infection control, environment and medication. This showed that effective systems were in place to monitor the quality and safety of the home.

As part of the services quality assurance procedures, surveys had been sent to people living at The Glen, their relatives and staff. The results of the 2017 surveys had been audited and a report compiled from this so that information could be shared with interested parties. Reflective learning and the outcomes of the surveys were discussed with the registered manager. Where any issues specific to an individual had been brought to their attention, these were responded to on an individual and private basis. This showed that the service used feedback from people using the service to improve service delivery.

We saw policies and procedures were in place, which covered all aspects of the service. Some of the policies seen had not been reviewed within the last year. The registered manager had identified this and we saw some policies had been prioritised for review. The registered manager gave assurances that this would be completed as part of the homes management development plan. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training and induction programme. This meant staff could be kept fully up to date with current legislation and guidance.

The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The registered manager confirmed any notifications required to be forwarded to CQC would be submitted.