

## Penwith Respite Care Limited

# PRC Outreach

### 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 announced inspection took place on the 5 July 2018. It was announced 48 business hours in advance in accordance with the Care Quality Commission's current procedures for inspecting domiciliary care services. Our last inspection of the service was carried out on 16 October 2015. At that inspection we rated the service as good. At this inspection we found the service remained good.

Penwith Respite Care (PRC) is a Domiciliary Care Agency that provides care and support to adults, in their own homes. The service provides help and support with people's personal care needs in the Penzance and surrounding areas. The packages of care that PRC provide range from 30 minutes a day to 24 hour care dependant on the person's care needs.

PRC alongside the domiciliary care service, run a café in the local community and provided outreach support. Therefore, not everyone using PRC receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The provider had developed strong links with the local community. They worked alongside other organisations to ensure they followed current good practice in the delivery of people's care. The management team had a role in promoting the importance and value of social care locally. Strong links with the community had been formed via the café. People told us that they were supported by staff to meet with friends in the local café, which reduced social isolation. Some people worked at the café with support from staff which enabled employment opportunities.

At the time of our inspection 33 people were receiving a personal care service. Support is provided to people with a physical or learning disability from the age of 18 years to older persons. These services were funded either privately or through Cornwall Council or NHS funding. There were 29 staff employed some of those were office based to coordinate and manage the service.

People were extremely satisfied with the quality of the service they received and the caring approach from staff. People told us; "They are friendly, reliable, always on time and thoroughly conscientious." Relatives were also complimentary, commenting "I had trouble finding the right care for my [relative] and at last she's got it. They are amazing, they are adaptable, local, understand [relatives] needs that no one else has and if there is a emergency they help out." Another relative said "The staff know [person's name] so well, I know that staff look after her well and I don't need to worry anymore, I can relax and know she is being cared for by caring and competent staff."

People told us they had not experienced a missed care visit. The service had robust and effective procedures in place to ensure that all planned care visits were provided. The service's visit schedules were well organised and there were a sufficient number of staff available to provide people's care visits in accordance with their preferences.

People told us that their visits were on time but there were 'rare occasions' when care staff could be late for their planned visits. However, people, and relatives, did not have a concern regarding this as they understood that any lateness was due to care staff needing to provide extra support to a person in an emergency or due to travel issues, especially in holiday seasons. People told us that PRC office staff would phone them if a care worker was going to be late which gave them reassurance that their visit would continue. PRC operated an on-call system outside of office hours. Care staff told us managers would respond promptly to any queries they might have.

People received care and support from a consistent team of staff with whom they were familiar. Staff arrived on time and stayed for the full time allocated. People spoke positively about the staff that supported them and told us they were always treated with care, respect and kindness. Staff were respectful of people's privacy and maintained their dignity. Staff had developed good relationships with people and were familiar with their needs, routines and preferences

Staff were respectful of the fact they were working in people's homes. The service offered flexible support to people and were able to adapt in order to meet people's needs and support them as they wanted.

There were processes in place to protect people and the security of their home when they received personal care, including staff carrying identification. People received information about who they should expect to be delivering their care so they were aware of who was due to call upon them.

Safeguarding procedures were in place and staff understood their responsibilities to safeguard people from abuse. Potential risks to people's safety and wellbeing had been assessed and managed.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. These had been kept under review and were relevant to the care provided. Accidents and incidents were reported and reviewed to reduce the risk of an incident occurring again.

Medicine procedures were safe. The service supported people with their medicines by prompting them. Records showed when prompts had been made in the daily records at people's homes.

Staff were recruited in a safe way and available in sufficient numbers to meet people's needs. Staff were supported by a system of induction, training, one-to-one supervision and appraisals to ensure they were effective in their role.

Staff knew how to ensure each person was supported as an individual in a way that did not discriminate against them in any way. People's legal rights were understood and upheld. Everyone told us staff ensured their dignity and privacy was promoted.

People told us staff had sought their consent for their care. 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. Staff had received relevant training and understood the principles of the Act.

People's care plans were detailed, personalised and provided staff with sufficient information to enable them to meet people's care needs. The care plans included objectives for the planned care that had been agreed between the service and the individual. All of the care plans we reviewed were up to date and accurately reflected each person's individual needs and wishes. The service's risk assessment procedures were designed to enable people to take risks while providing appropriate protection.

Staff supported people to have a nutritious dietary and fluid intake, assisting them to prepare and eat food and drinks as they needed.

The registered provider and management team provided clear leadership to the staff team and were valued by people, staff and relatives. There was a whole team culture, the focus of which was how they could do things better for people.

People and relatives all described the management of the service as open and approachable. People and their families were given information about how to complain. There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

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

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains caring.	<b>Good</b> ●
<b>Is the service effective?</b> the service remains effective	<b>Good</b> ●
<b>Is the service caring?</b> The service remains caring.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Responsive.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains Well-led.	<b>Good</b> ●

# PRC Outreach

## 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 the 5 July 2018 and was announced. The provider was given 48 office hours' notice because the location provides a personal care service to people who lived in the community. We needed to be sure that we could access the office premises, and meet relevant management personnel. Following the inspection, we spoke with another director of the company and made phone calls to eight people and six relatives to gain their views on the service they received.

The inspection was undertaken by one inspector. During the visit we spoke with five staff members, the registered manager and senior carer, company secretary, plus one of the board of directors. We spoke with a visiting health and social care professional during the inspection.

We reviewed a range of records about people's care and the way the service was managed. These included the care records for three people, staff training records, three staff recruitment files, staff supervision and appraisal records, minutes from meetings, quality assurance audits, incident and accident reports, complaints and compliments records and records relating to the management of the service. We also looked at the results from the most recent customer satisfaction survey completed by people using the service.

In preparation for our visit, we checked the information we held about the service and the provider. This included statutory notifications sent to us by the registered provider about incidents and events that had occurred at the service. A notification is information about important events, which the service is required to send us by law. We also reviewed the Provider Information Record (PIR). The PIR provides key information about the service, what the service does well and the improvements the provider plan to make.

# Is the service safe?

## Our findings

People and relatives told us there were sufficient staff to provide safe care and support for people. All people spoken with told us they felt safe receiving care from staff at PRC. They said, "The staff know [person's name] so well, I know that staff look after her well and I don't need to worry anymore, I can relax and know she is being cared for by caring and competent staff."

Staff fully understood their role in protecting people from avoidable harm. All staff had received training on the safeguarding of adults and were able to explain how they would respond to any incident of suspected abuse. Staff said they would immediately report any concern to their manager who, they were confident, would take appropriate actions to protect the person. The registered manager had a sound knowledge of safeguarding and had raised issues with the local authority when concerns had been identified. We reviewed the services safeguarding policy and found it to be satisfactory.

The service had a whistle-blowing policy so if staff had concerns they could report these and be confident of their concerns being listened to. Where concerns had been expressed about the service, if complaints had been made, or there had been safeguarding concerns, the registered manager had investigated fully to try to resolve the issue.

There was equality and diversity policy in place and staff received training on equality and diversity. Staff demonstrated that they were aware of their responsibility to help protect people from any type of discrimination and ensure people's rights were protected.

There were systems in place to enable staff to collect items of shopping for the people they supported. Staff, people and their relatives felt the systems were robust. We discussed with the registered manager that the current banking arrangement was not best practice. This was because PRC supported a few people to manage their monies but this was not in individual bank accounts but a 'pooled account'. This meant that people did not have access to their own bank account. The registered manager agreed to address this immediately.

We recommend that people have individual access to their own monies, and any support provided is clearer referred to in the person's care plan.

Risks to people's safety and wellbeing were assessed and managed. Each person's care record included risk assessments considering risks associated with the person's environment, their care and treatment, medicines and any other factors. The risk assessments were detailed and included actions for staff to take to keep people safe and reduce the risks of harm. The assessments had recently been updated to make sure the information was accurate.

The service supported some people with their medicines. People told us that staff were aware of their medicine requirements and supported them appropriately.

Records were kept of any accidents or incidents. The provider checked all accident and incident records to

make sure any action was effective, to identify any patterns or trends and to see if any changes could be made to prevent incidents happening again.

Recruitment systems were robust and new employees underwent the relevant pre-employment checks before starting work. This included Disclosure and Barring System (DBS) checks and the provision of two references. This helped to protect people from being cared for by unsuitable staff.

People told us they were satisfied with staff who supported them. Duty rotas were prepared in advance and care packages were not accepted unless there were sufficient staff available. Staff told us they had adequate time to travel between visits without rushing. All staff spoken with told us they had the time to stay with people for the contracted length of time and that where there were any issues they did not feel pressured.

People told us they were never supported by someone they did not know. People said new carers were introduced by a member of staff who they already knew. People told us they had "never" experienced a missed care visit. They told us their visits were on time but there were "rare occasions" when care staff could be late for their planned visits. However, people, and relatives, did not have a concern regarding this as they understood that any lateness would be due to care staff needing to provide extra support to a person in an emergency or travel issues, especially in holiday seasons. People told us PRC headquarters would phone them if care staff were going to be late which gave them reassurance that their visit would still continue. The management team told us missed visits were not an option. The service had robust and effective procedures in place to ensure that all planned care visits were provided.

An on-call rota was in place so that staff knew who to contact outside of office hours. This allowed the manager on call to access details of the rota, telephone numbers of people using the service and staff. This meant they could answer any queries if people phoned to check details of their visits or if duties needed to be re-arranged due to staff sickness. The service provided people with information packs containing details of their agreed care and telephone numbers for the service so they could ring at any time should they have a query.

The service had a contingency plan in place to manage any emergencies. Risks to people in the event there was an interruption to their service delivery due to an emergency had been assessed and rated, in order to identify who would be at the highest risk. This demonstrated the provider had prioritised people's care provision during such an event. People told us that when it recently snowed, staff either continued with their visits or phoned them to make sure they had appropriate support. People were complimentary about the support they received during this particular time.

The service had appropriate infection control procedures in place and personal protective equipment was available to staff from the services office. The registered manager understood who they needed to contact if they need advice or assistance with infection control issues. Staff received suitable training about infection control, and records showed all staff had received this.

## Is the service effective?

### Our findings

People consistently told us that care staff met their care needs in a competent manner. Comments received included; "They are friendly, reliable, always on time and thoroughly conscientious." Relatives also echoed this view, commenting "I had trouble finding the right care for my [relative] and at last she's got it. They are amazing, they are adaptable, local, understand [relatives] needs that no one else has and if there is an emergency they help out."

Before, or as soon as possible after, people started using the service a manager visited them to assess their needs and discuss how the service could meet their wishes and expectations. From these assessments care plans were written with the person, to agree how they would like their care and support to be provided. People and relatives told us they were fully involved in the development of their care plan.

Care records recorded the times and duration of people's visits. People and their relatives told us they had agreed to the times of their visits. People told us that care staff stay their allocated time.

People using the service told us that in general the same staff made the visits which meant people were familiar with them. People using the service told us they were confident in the staff and how they delivered their care.

New staff completed an induction when they commenced employment which is in line with the Care Certificate. New employees were required to go through an induction which included training identified as necessary for the service and familiarisation with the service and the organisation's policies and procedures. There was also a period of working alongside more experienced staff until such a time as the worker felt confident to work alone. Staff told us they had 'shadowed' existing staff until they felt ready to work on their own.

PRC had some new members of staff in the process of completing the care certificate alongside their induction. We spoke with two staff members who had recently started work at PRC and their records confirmed they were in the process of completing the Care Certificate. We saw records which confirmed other new employees had completed the Care Certificate successfully. All staff were encouraged and supported to complete the level two care diploma once they had successfully completed their induction.

People received effective care because they were supported by a staff team who received regular training and had a good understanding of people's needs. Staff told us they had a range of training opportunities available to them and they were encouraged through management support to develop their knowledge and skills. Staff were provided with relevant training which gave them the skills and knowledge to support people effectively. Training was provided in various ways, for example, some staff had completed 'train the trainer' qualification. This enabled them to provide moving and handling, and medicines management training to the staff team. Staff also attended external courses such as safeguarding, mental capacity act and health and safety. There was a training programme in place to help ensure staff received relevant training and refresher training was kept up to date.

Staff told us; "There is a lot training and it is really good. We are encouraged to attend any training we think may help the people we support." Staff explained they were able to request additional training in specific areas that they found particularly interesting, for example with particular health conditions. When staff required specialised training, this was externally sourced

Staff told us they received regular one to one supervision which provided an opportunity for staff to discuss their progress and enhanced their skills and learning. Supervision included observations of their practice and an annual review of their performance. Staff told us they were supported by the management team. The registered manager acknowledged that they did not always formally record that these sessions had occurred and would immediately address this.

People were supported to maintain a healthy lifestyle where this was part of their support plan. Staff supported some people with their food shopping and assisted them with the preparation and cooking of their meals. People's choices of the foods they wished to purchase were respected. People told us staff prepared foods of their choosing. Some people said they were left with snacks to eat and drink within easy reach between visits. Staff had completed the necessary food and hygiene courses so that they were aware of how to prepare and provide food safely.

Staff supported some people to access healthcare appointments if needed and liaised with health and social care professionals involved in their care if their health or support needs changed. This included GPs, occupational therapists and district nurses to provide additional support when required. Care records showed staff shared information effectively with professionals and involved them appropriately.

The Mental Capacity Act (MCA) provides a legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make specific decisions for themselves. Managers and staff understood the requirements of the legislation and what this meant on a day to day basis when seeking people's consent to their care. The managers and staff had received training on the MCA. Staff we spoke with were knowledgeable about how the Act applied to their role.

We found that care plans had been developed with the person or their family which demonstrated that they were in agreement with how care staff would provide their support. People told us they were able to control how their care was provided and that staff always asked for permission before providing care or support. This showed that people made their own decisions about how they wanted to live their life and spend their time.

## Is the service caring?

### Our findings

People told us the staff always treated them with care, consideration, respect and kindness. They said the registered manager and staff were always available and were very kind and caring. People said, "Staff are friendly, reliable, respectful and they are truly amazing." Relatives were equally complimentary about the staff, one said "Staff are lovely, they are really helpful, and my [relative] likes them too. They support us both." Everyone said they would recommend PRC to others who needed support.

We saw many compliments that the service had received. Again, they spoke highly of the care that people had received. For example, '[Person's name] is excited when picked up by the gang. They (staff) are always pleased to see her and make a fuss of her. .... she is cared for, clean and stimulated throughout the day returning to me happy.'

Staff understood their role in providing people with person centred care and support. They were aware of the importance of maintaining and building people's independence as part of their role. People told us staff worked with them to promote their confidence and their independence. People's care records gave guidance for the care staff about asking people what support they wanted and how care and support should be delivered. People told us they felt involved in their care and were involved in any decisions about any changes.

People received care, as much as possible, from the same care worker or team of care workers. People told us this helped them as staff got to know them well and understood their likes and preferences in how they wished to be supported. Staff told us that due to their regular work patterns this meant they knew the people they looked after well and could built lasting relationships.

Family members reported that they were confident their relative received consistent care and support which did not discriminate them in any way. One commented, "[Person's name] is being cared for by staff that really care and have made sure they got to know how [person's name] likes things to be done. The support from staff is brilliant" This demonstrated staff delivered care and support in a non-judgemental way and protected people's rights.

Staff were motivated and clearly passionate about making a difference to people's lives. Staff demonstrated a commitment to their work and worked together as a team. Comments from staff included, "I love the job" and "It's so good to see people gain confidence" and "We are going into people's homes and we need to respect this."

PRC offices are based inside the café venue, therefore people and relatives can easily visit the office, as was seen during the inspection. The café is used as a venue to enable other professionals and support groups to use the 'back room' which is available for meetings, such as the advocacy group. The provider also supported people to work at the café with support from staff which enabled employment opportunities.

Staff had a good understanding of protecting and respecting people's human rights. They were able to

describe the importance of respecting each person as an individual and spoke well and knowledgeably about people's privacy and dignity as well as how to maintain confidentiality. People's religious and cultural needs were respected and supported. There was information about this in people's care records.

Rotas and practical arrangements were organised in a way that gave staff time to listen to people, answer their questions and involve people in decisions. We were given examples of staff rearranging the timing of their normal visits so that they could support a person to be prepared to attend a medical appointment.

People told us staff went that 'extra mile'. For example, staff were aware that some people could be socially isolated as they had few family members or they lived some distance away. Due to this they supported some people to attend their café in the local community for a coffee, or lunch. We saw and spoke with people who enjoyed time spent at the café.

Some people who used the service lived with a relative who was their unpaid carer. We found staff were respectful of the relative's role as the main carer. Relatives told us that staff always asked how they were coping and supported them with practical and emotional support where they could. The service recognised that supporting the family carer was important in helping people to continue to be cared for in their own home.

Where people did not have any support from next of kin the service were aware of advocacy services and how to contact them. This ensured people's interests would be independently represented and they could access appropriate services outside of the service to act on their behalf if required.

Care files and information related to people who used the service was stored securely and accessible by staff when needed. This meant people's confidential information was protected appropriately in accordance with data protection guidelines.

## Is the service responsive?

### Our findings

The service was responsive to people's needs because people had received assessments which identified what those individual's requirements were and then put a comprehensive person centred plan in place. People or those with authority to act on their behalf, had contributed to planning their care and support, and this had taken into account each person's strengths, levels of independence and quality of life. A person who used the service commented, "Staff are brilliant they support me in the way I want them too."

People told us staff were always responsive to their needs and they were involved in decisions about their care. A person told us "Only last week the manager came and we reviewed what support I needed and how they could help." Other people also told us that when their care needs had changed, their care package would be reviewed to see if additional or less support was needed. People felt fully involved in how care was being provided to them.

Care plans were personalised to the individual and recorded details about each person's specific needs and how they liked to be supported. For example, for people who had several visits in a day, a care plan was written for that time period. If support was provided for a longer period of time then guidance was provided for staff in what task or activities were to be completed or considered. This was of particular importance for people who may not have been able to explain their needs. For example, where people had verbal or memory difficulties or impairments of sight and/or hearing this was clearly set out in the care plan with guidance for staff about the most appropriate way to communicate with the person. Care plans were regularly reviewed and updated so staff were responding to a person's current needs. Any changes were quickly identified and recorded; with staff telling us updates were send directly to them promptly.

The service had recently commenced using an electronic recording system. Therefore, staff would complete daily care records on their mobile devices of the support they had provided throughout their visit. These recorded details of the care provided, food and drinks the person had consumed as well as information about any observed changes to the persons care needs. The records also included details of any advice provided by professionals and information about any observed changes to people's care and support needs. These were then monitored and reviewed by managers as part of the service's quality assurance processes.

The service also looked at creative ways in how to ensure that people had access to information that was presented in a meaningful way for their use. For example, one person entered all their medical incidents on their personal tablet so that all the information as stored in one place. This enabled them when seeing consultants for their health condition to have accurate information they could share with their consultant to ensure that received the most appropriate treatment.

Although PRC is not a specialised end of life care provider the service is able to help people stay at home at the end of life if this is their wish. The service has worked with relevant professionals so that a person could remain at home for as long as possible or through to end of life. The service had been supporting a person at the end of their life. Staff told us that they received support from the management team at this time and had

been offered to attend counselling if they wished. The provider also ensured that the people who shared a home with the person they supported received appropriate support.

The service had a complaints procedure. People and relatives said if they had any concerns or complaints, they felt they could discuss these with staff and managers and they would be responded to appropriately. They did not think they would be subject to discrimination, harassment or disadvantage if they made a complaint.

## Is the service well-led?

### Our findings

There was a registered manager in place at the time of our inspection. 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 and relatives gave us consistently positive feedback about the quality of care provided. People told us they were happy with the management of the service. They told us the registered manager and management team were actively involved in engaging with the people using the service and monitoring the care being provided. Comments from people were consistently positive and included, "They are an excellent organisation I am so lucky to have them," and "The manager is so approachable, as are the staff, any issues I can talk to them and be assured they will sort it out." People and relatives said if they had any queries they could phone the office and talk to the staff there. They also said it helped that they had met them, either from reviewing their care needs or from meeting them in the café.

There was a positive culture within the staff team and staff spoke of the impact their work made to the lives of the people they supported. Staff spoke passionately about their work. Staff were proud of people's accomplishments and how people's lives had improved. For example, people's health needs had improved which had a positive impact for the person and their family.

Staff were complimentary about the management team and how they were supported to carry out their work. Comments from staff included, "I love my job" and "[registered managers name] is so good at saying 'thank you', it is appreciated, it means a lot." Staff felt that as the registered manager and other senior staff actively still undertook some care shifts, that they had a sound understanding of the work that they do and also of the people they support. They felt this made the communication between them easier as, "They know the people we support and understand what we do."

The registered manager told us the service treated people as individuals whilst ensuring that they had a flexible level of support which met their needs. The Board of Directors met three monthly to ensure operational goals were being achieved. The management team met more frequently so that they had up to date knowledge to ensure people's care and staff needs were met. By seeking feedback from people, families and healthcare professionals meant their views were used to continuously develop the service.

The registered provider and manager placed a strong emphasis on continually striving to improve the service offered to people. The registered manager and management team recognised, promoted and regularly implementing systems in order to provide a high-quality service. For example, providing the café as a venue for people to reduce isolation and receive support from others. They also used the café premises to allow community organisations such as the advocacy group to hold meetings. They had signed up for the member of the public toilet scheme so that people who have additional support needs can use their disabled bathing facilities when in the local area, which tourists on holiday have used.

The registered persons' and senior staff had a strong and positive working relationship and recognised each other's strengths. The management structure in the service provided clear lines of responsibility and accountability. The registered manager said personally working shifts with the people who used the service was important to them. They said, "I feel if I don't know what's going on on the floor I can't do my job." They alongside senior staff co-ordinated the day to day running of the service. This included overseeing operational issues and speaking with people and staff.

There was an open culture where staff were encouraged to make suggestions about how improvements could be made to the quality of care and support offered to people. Staff told us they did this through informal conversations with the management team, regular staff meetings and supervisions. The staffing structure ensured that, at all times, support and advice was available to them.

The management team acknowledged that the staff team worked with vulnerable people and work could be challenging. They were mindful that care staff might feel isolated and wanted to support them as much as possible. They had support groups that staff could contact if needed inside and outside of the work place.

The registered persons said their relationships with other agencies were positive. The service worked with health and social care professionals in line with people's specific needs, for example, towards improved mobility and diet. This ensured people's needs were met in line with best practice.

The service used a number of methods to monitor people's satisfaction with the quality of the service. This included visits to people's homes to review their care package and one to one meetings with staff to discuss any issues in relation to the people they supported.

An annual quality assurance survey was used to monitor the standards of care provided and identify any areas in which the service could improve. We saw the finding of these surveys and noted that people were highly satisfied with the care provided by trained and competent staff.

The services records were well organised and when asked staff were able to locate all documentation required during the inspection. Policies and procedures had been regularly reviewed and updated to ensure they accurately reflected current practices. People's care records were kept securely and confidentially, in line with the legal requirements.

There were procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as the local authority safeguarding teams. Our records showed that the provider had appropriately submitted notifications to CQC.