

# Care UK Community Partnerships Ltd

## Field Lodge

### 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?      | Outstanding ☆ |
| Is the service well-led?        | Good ●        |

# Summary of findings

## Overall summary

Field Lodge provides accommodation, nursing and personal care for up to 72 people, including people living with dementia. Field Lodge opened in February 2014 and offers accommodation on three floors. Each floor has a number of sitting areas and each dining room has a kitchenette.

This inspection took place on 1 and 6 June 2017. The visit to Field Lodge on 1 June 2017 was unannounced. At the time of this inspection there were 63 people in residence.

At our last inspection the service was rated as good. At this inspection we found the service remained good overall. However, the question 'are services at this location responsive?' had improved to outstanding.

The service was safe because there were enough staff on duty to meet people's needs and staff understood their responsibility to keep people safe from harm and abuse. Potential risks to people had been assessed and guidance given so that staff knew how to minimise risk. Medicines were managed safely and staff recruitment ensured that only people suitable to work at this home were employed.

The service was effective because people's needs were met by staff who were trained and supported to do their job well. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People were supported to have enough to eat and drink. A range of healthcare professionals visited the home to support people to maintain good health.

The service was caring because staff treated people with warmth, kindness, compassion and respect. People had choices in all aspects of their daily lives and people knew that the staff genuinely cared about them. People were supported to be as independent as possible. People's privacy and dignity were not always maintained.

The service was very responsive because staff knew people's needs and lifestyle choices extremely well and supported them to lead the life they wanted. People and their relatives were involved in developing fully personalised care plans, which gave staff detailed guidance on every aspect of the care each person needed. People were given numerous, individualised and creative opportunities to fulfil their wishes and dreams and to keep their minds and bodies active. Any complaints were listened to and addressed.

The service was well led because there was a manager in post who was dedicated, approachable and provided good leadership. A quality assurance system was in place to check that the service provided was of the highest possible quality. People, their relatives and other visitors to the home were given opportunities, and encouraged, to share their views about the service being provided.

Further information is in the detailed findings below.

## 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 remains safe.

### Is the service effective?

Good ●

The service remains effective.

### Is the service caring?

Good ●

The service remains caring.

### Is the service responsive?

Outstanding ☆

The service was very responsive.

Staff knew and understood each person extremely well, including their care needs and their lifestyle choices.

Care plans and one-page profiles gave very detailed, very personalised guidance to staff about the care each person needed and the ways they preferred to have their care delivered.

People's lives were hugely enhanced by the range of opportunities they were offered to keep their minds and bodies active. People's individual wishes, hobbies and interests were known and catered for.

People knew how to complain should they have needed to and any complaints were addressed to the complainant's satisfaction.

### Is the service well-led?

Good ●

The service remains well-led.

# Field Lodge

## 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 included an unannounced visit to the home on 1 June 2017 by three inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the visit we looked at information we held about the home and used this information as part of our inspection planning. The information included notifications. Notifications are information on important events that happen in the home that the provider is required by law to notify us about. We asked for feedback from healthcare professionals who had regular contact with the service.

In September 2016 the registered manager in post at the time completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used some of this information to assist with planning the inspection.

During our visit on 1 June 2017 we observed how the staff interacted with people who lived at Field Lodge. We spoke with seven people who lived there and three of their relatives. We spoke with the manager, deputy manager, head of residential care and the regional director. We spoke with two team leaders; a registered nurse; four members of care staff; a hostess; a cleaner; and the lifestyle coordinator. We also spoke with three care professionals who were visiting the home. We looked at four people's care records as well as other records relating to the management of the home. These included records relating to the management of medicines, accident and incident records and audits.

Following the site visit, on 6 June 2017, the manager sent us further evidence to consider, which we had not looked at during the site visit. This included a video and the service improvement plan.

## Is the service safe?

### Our findings

People we spoke with confirmed that they felt safe living at Field Lodge. One person said, "Oh, definitely safe. Someone is always about. I like my door open and the [staff] know that then I can see them all walking up and down." Another person told us, "I'm very safe here...the staff are all around me if I need them and that's what makes me feel safe." A third person said they felt safe because they could lock their door. A relative explained, "I can go home and not worry about my [family member]. I know she is safe in here." A recent written survey resulted in 97% of the respondents stating they felt that Field Lodge 'is a safe place to be.'

People told us that they had always been treated well by the staff. Two people commented, "I'm treated very well here and I've never seen anyone being discriminated against or anything like that" and "There are no raised voices here – it's all very nice and caring, we're all treated very nice." Staff told us they had undertaken training and assured us that they knew how to recognise and report abuse. There were posters around the home offering advice and telephone numbers to ring should anyone suspect any abuse was going on.

Care records showed that potential risks to each person were assessed and guidance put in place for staff. Potential risks included falling; being assisted to move; developing pressure ulcers; and becoming malnourished. Other risks, such as risks relating to the use of bed rails had also been assessed and recorded. This meant that staff were able to minimise any risks, whilst maintaining the person's rights to take risks should they have wanted to.

There were enough staff on duty to meet people's needs in a safe and timely manner. We noted that staff responded quickly when call bells sounded and people confirmed this was always the case. One person said, "They [staff] come running" and another told us, "I've rung the buzzer [call bell] a couple of times and it's never more than a few minutes before staff are here." Staff confirmed that all pre-employment checks had been completed before they started work. These included a criminal records check and references. This meant that only staff suitable to work at this care home had been employed.

The provider had developed an action plan in case the building had to be evacuated in an emergency. The plan included personal emergency evacuation plans (PEEPs) for each person so that everyone, including the emergency services, could quickly be made aware of each person's support needs. For example, one person's plan stated, '[Name] does not have an understanding of the fire alarm so will require verbal reassurance and physical guidance (wheelchair) from staff to evacuate.'

People were satisfied with the way they received their medicines. Two people confirmed that their "medication is on time" and they both said that staff always stood and watched them take it. We checked the way medicines were managed. Records for each person included details about the way each person liked to take their medicines, such as "on a spoon with juice." Staff had signed the medicine administration record charts to show that medicines had been given, or used an appropriate code to explain why they had not been given. Staff were aware of medicines that had to be given in a specific way and records showed

that special instructions were adhered to. Medicines were stored safely and at the correct temperature. We found that any errors relating to medicines were dealt with promptly and robustly to try to ensure that no further errors occurred.

## Is the service effective?

### Our findings

People and their relatives made very positive comments about the staff and confirmed that they felt staff knew what they were doing. One person told us, "They all seem well trained to me in the way they approach me in a kind, polite manner." Another person said, "My needs are certainly met here and yes, I do think the staff know what they're doing – they show that every day when caring for us." A healthcare professional described staff as "knowledgeable."

New staff undertook a full week's induction, which included both face-to-face training and e-learning. Staff confirmed that they were then offered further training and refresher courses in a wide range of topics relevant to their role. This included the opportunity to undertake a nationally recognised vocational diploma. Additional courses were offered based on the role the individual staff member was undertaking. Champions in certain areas, such as dementia and end of life had been appointed and undertook additional training, which they cascaded to the staff. Nurses were offered training in nursing procedures to ensure that people's changing needs could be met. For example, a recent issue had resulted in nurses undertaking training to be able to support people with a suprapubic catheter. A student nurse told us, "Training-wise I couldn't have asked for a better care home."

Staff told us that they felt very well supported, by both the management team and their colleagues, in a number of ways. These included daily handovers, staff meetings, one-to-one supervision and three-monthly appraisals. One member of staff said, "Staff...pull together and understand [team work]. Staff morale is normally fantastic." Another staff member told us that the manager's door "is always open". A new member of staff reported that, "Staff have been supportive. It's really friendly and homely."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked that the service was working within the principles of the MCA. People's mental capacity to make important decisions and been assessed, recorded and appropriate applications for DoLS authorisations had been made. Staff understood how the MCA and DoLS affected their day to day work and we saw very good practice being carried out. For example, we noted that staff approached people in a gentle, unhurried manner, explained what they were about to do and always asked for the person's consent.

People's eating and drinking needs were assessed and people were supported with their food and drinks. We saw, and people told us that they liked the food. People were given choices and special diets were provided when required. One person told us, "The food is good. On occasion I have requested something not on the menu. They met my request – nothing is too much trouble." We saw staff gently trying to encourage people to eat. When one person did not want their meal choice, another meal was provided to tempt them. A healthcare professional said that staff "went above and beyond" at mealtimes, which were handled really well. Good record keeping ensured that all staff knew exactly what each person had eaten and drunk.

Staff involved a range of external healthcare professionals, such as GPs, dietician, podiatrist, optician and specialist nurses, including Macmillan nurses so that people were supported to maintain or improve their health. One healthcare professional told us, "The service is improving and staff call us appropriately." A fitness trainer had been engaged to provide staff with guidance on physical activities to help people stay active.

## Is the service caring?

### Our findings

One of the managers praised the staff. They said, "The diligence of the staff is outstanding. They spend time really getting to know the residents and trying to really understand each person. And everything is as flexible as possible." They told us how, that morning a member of staff had made porridge at 6am for someone who wanted it and how the manager was always making cups of tea for people. Care records contained detailed information about each person, including their life story, likes, dislikes and preferences. Staff demonstrated that they knew people really well and people told us they felt they were treated as individuals. Staff took time to talk to them and took an interest in their previous lifestyles, hobbies and their current needs.

We saw that people who lived at Field Lodge and the staff had warm, caring and respectful relationships with each other. One person told us, "Staff always come and speak nicely to me. You get the feeling they are pleased to be in your company, if you know what I mean." We were told about examples of how relationships that had developed between a person and a particular staff member had had a positive impact on the person's well-being. For example, one person's anxiety had been greatly reduced by the singing lessons they had with the lifestyle coordinator. This person's confidence had been built up so much that they now felt able to enter the 'Care UK's Got Talent' competition.

Throughout the day staff were always very attentive to people and there was lots of cheerful banter between people and the staff. People and their relatives told us how much they liked the staff. One person said, "The staff are brilliant – I can't fault them" and another person described the staff as "just lovely." A relative told us, "Care staff are fantastic." Another relative said, "[Family member] seems settled. [The staff] all love him to bits." A healthcare professional told us, "The receptionists are fantastic and make sure staff know I'm here" and "The staff are calm and kind."

People confirmed that they had choices in all aspects of their lives, from what time they got up and how they spent their day right through to what time they went to bed. One person said, "The [staff] come and give me a wash, bath or shower, it's up to me when I want one." Another person told us, "I can come and go as I please here – it's like being at home." People were appreciative of the "little extras" that staff did, such as providing an early lunch for one person before a hospital visit or making sure another person's meal was saved and "piping hot" when they returned from an appointment.

Staff encouraged people to be as independent as possible. One person said, "I am supported to be independent. I like to wash bits where I can reach and they do the rest." Another person explained, "I'm very independent. I can come and go as I please." People told us, and we saw that staff treated people with respect. Staff bent down when speaking with people and always made eye contact. Staff ensured they went at a pace that was comfortable for the person they were supporting, for example when assisting them with their lunch. One person told us, "Staff are very respectful of you. They always call me by my name when addressing me – I find that very lovely." Mostly staff respected people's privacy and dignity. They always knocked on the person's door and waited to be invited in. People said staff ensured they were covered with a towel and curtains were drawn during personal care. However, we heard two members of staff talking loudly in a corridor, discussing a named person's medical condition. This was not dignified and did not

respect confidentiality.

Following the inspection the manager told us about communication aids that staff were using to communicate with one person. This person, as the result of their dementia had reverted to their first language, which was not English. The aids included boards and flash cards with pictures and the corresponding word in the person's language.

Visitors were welcomed at any time and encouraged to be as involved as they and their family member wanted them to be in the person's life. Compliments received included relatives stating how staff had treated them with kindness and compassion and how supported they had felt. Advocacy services were advertised around the home in case anyone wanted an independent person to act on their behalf.

The manager provided us with positive comments made by relatives of people who had died. The comments showed how appreciative they were of the care given by staff to their family member at the end of their life. One relative wrote, "Please pass my sincere thanks to all the nursing staff...especially the kind nurses who stayed with her during her last moments." The manager also told us how staff supported the relatives of people who were dying. They gave us an example of a member of staff spending their day off sitting with a person's spouse to offer them support. The wake was organised at the home and the home's staff were arranging for a memorial plaque to be placed under a tree in the garden.

## Is the service responsive?

### Our findings

The whole staff team had an excellent understanding of, and were very responsive to, each person's needs. They were fully committed to supporting each person to lead as full a life as possible, based on each individual's values and beliefs. Care was planned for each person based on their expressed wishes, likes and dislikes. This was done in partnership with the person, their relatives and others, such as health and social care professionals involved in their care. Staff showed that they had the time to deliver person-centred care. A relative had written to the staff, "You are all amazing. The care plan is so detailed and you understand [family member's] needs so well. He has improved massively since moving [to Field Lodge]."

We saw that people and/or their relatives had been fully involved in deciding on the care they wanted and in regular reviews of their care plans. Care plans were fully personalised and gave staff detailed guidance on the ways in which each person preferred their care to be delivered. There was flexibility built in to meet people's changing and fluctuating needs. For example, in one person's care plan, we read how someone showed how they were feeling using facial expressions and noises. Staff were skilled at responding when people became anxious. A staff member told us, "The whole staff team is better at diffusing situations; picking up on body language and so on." This had resulted in a significant reduction in the number of confrontations between people living with dementia.

Staff invested a lot of time right from the start with each new person, getting to know and understand them. A one-page sheet in each person's bedroom, entitled 'These things are important to me' gave details such as 'my walking frame, my glasses and a daily shave.' This prompted staff to make sure they remembered these important details. Life story books were developed to help staff get to know and understand people who found it more difficult to communicate. These were enhanced on an on-going basis to capture people's changing interests and abilities.

A member of staff had taken on the role of End of Life Champion. They told us the role was to "offer support and advice for the residents and their family members during or leading up to the end of life stages." They had introduced folders containing advice for staff about end of life care. They worked with people and their relatives to develop an end of life care plan when the time was right. They also supported people to fulfil any last wishes. They told us, for example, about one person who wanted to go to a musical show and to enjoy some southern fried chicken. Another person wished to feel the grass on their feet on a summers day, which they had not done for many years.

People were supported and encouraged to develop relationships with other people living at the home. One person told us they had made a friend living on the floor below and they visited them each morning to help turn the pages of their newspaper. The person told us this really meant a lot to them and it was clear they enjoyed feeling useful. Staff told us the friendship had helped both people enormously.

A Lifestyle Coordinator had been in post since the home opened in 2014. The manager had nominated this member of staff for a 2017 national dementia care award, in which they wrote, "[Name] quickly became an invaluable part of the team and a huge hit with residents. He has an incredible knowledge and

understanding of each resident – he takes the time to get to know them and work on their life story books – so he knows exactly what they'd like to do and what will bring a smile to their face." This member of staff was full of great ideas for providing the widest possible range of things for people to do to keep them stimulated both physically and mentally, in the home and in the local and wider communities. They said that what they loved most about the job was that "every day is a new day" and "seeing the smile on [people's] faces makes my job worthwhile." People's lives were hugely enhanced by the range of opportunities they were offered to keep their minds and bodies active.

The range of activities included regular sessions such as Bridge Club, Tai Chi, flower arranging, films, group exercise sessions, music and singing sessions, gardening club and reminiscence activities. The Lifestyle Coordinator told us that these occurred in the home each week "to ensure that residents have fixed things to look forward to." Other activities, entertainment and outings peppered the regular schedule and had included an Elvis impersonator, a limousine ride into Cambridge with afternoon tea in a nice restaurant, trips to garden centres and spontaneous trips out for fish and chips. Themed activities, such as making Easter bonnets and cards or Halloween outfits took place and all 'special' days were celebrated in style.

A 'Wish Tree' had been erected and people had been encouraged to add their wishes to the tree. The Lifestyle Coordinator, along with other staff, had arranged for several people's wishes to be fulfilled. We saw a video of one person who had been a jockey but was now living with advanced dementia. The video was very moving and showed how the person had come alive. The manager said the person was having "the time of their life"; this showed in their facial expressions. Staff had arranged for this person, dressed in jockey silks, to go to a stable to meet and stroke the horses. The person had enjoyed this immensely and had visibly relaxed enough to be able to mount one of the horses and go for a ride. Staff hoped to repeat the visits to the stable.

Another person told us, "I had this train set in my loft at home for 30 years untouched. It's my hobby here now. I love it. They [staff] have given me the will to build it and run it." A person whose anxiety made it difficult for them to go out had wanted a trip to Cadbury World. Staff worked with them, supported them to take the risk and the person spent a day at Cadbury World. A member of staff told us the person had had a great day out. One person had lived at another care home and had not been out for four years. They were terrified of the very idea. Months of staff and this person working together to build their confidence had resulted in the person fulfilling their wish and hugely enjoying a visit to see the Christmas decorations at a local garden centre. The Lifestyle Coordinator had managed to fulfil another person's wish to go for a ride in a rickshaw.

The manager told us about a person who was understandably bereft at the loss of their spouse. Staff learnt that the couple had loved going to tea dances in the 1960s so they organised a 1960s-themed tea dance to take place at the home. The manager said the person "was bowled over and loved every minute of it." The person had since become more involved in activities, which gave them a renewed interest in life. The manager told us that staff understood the importance of spending one-to-one quality time with people, especially those unable or unwilling to take part in group activities.

Staff also understood the impact that dementia can have and activities tailored to the needs of people living with dementia, such as in much smaller groups, were organised in the dementia suite. Trips out, such as boat trips for small groups were also offered. One person had told the manager, "The only time I don't feel anxious is when I'm singing with [name of staff member]." One person found evenings a struggle so additional funding had been obtained in order for a member of staff to spend each evening with the person. It meant the person was able to do all the things that relaxed them, such as playing pool, darts or football, going to the café and walking in the garden. This kept the person, and others living at the home, safe and far

less anxious. Another member of staff had recently been appointed as a Lifestyle Coordinator on one day a week, specifically to work with people with dementia nursing needs, most of whom spent their days in their bedrooms. They said they really felt they were making a difference to people whose lives were so restricted.

The home was very much part of the local community, with, for example, trips to the weekly market in the town or attendance at shows and tea dances in the civic hall. Local churches carried out regular services in the home and the Lifestyle Coordinator was arranging for children from a local playgroup to visit. The manager told us, "[Name] is a great champion for residents. He's not afraid to contact businesses in the community to ask for equipment or favours – he believes residents are worth it. He works hard to make wishes come true for all residents, and particularly those living with dementia." A small seating area in the home had been decorated in a child-friendly way. Toys had been provided so that small children visiting the home could be kept occupied while the adults chatted.

The design of the building supported people to lead full and interesting lives, with different areas people could walk around, sit in and find interesting things to occupy their time. For example, there was an indoor garden on one floor, decorated and furnished as a garden, with full-length windows overlooking the home's garden and an adjoining recreation area. One person told us how much they enjoyed sitting in this garden in the afternoons, watching children going home from school. There was a café in the home's foyer, well used by people living in the home. A range of drinks, cakes and snacks were available and people could meet their friends. The cinema room was used regularly, not only for screening films but for a range of other activities. An old-fashioned shop was open regularly for people to buy "bits and pieces". Throughout the home, in every possible space, there were things of interest for people to look at, read, touch, play with and enjoy. Craft boxes with drawing/colouring equipment and other craft paraphernalia were on tables in each dining area. Decking all round the outside of the building encouraged people to go out for a walk.

Regular coffee mornings were held so that people could give staff their feedback on anything they wanted to discuss. Praise as well as concerns was encouraged and people's ideas were listened to. Chickens had been homed in the garden, which pleased a lot of people, especially those who had worked on a farm. We saw several people visiting the chickens and helping to collect the eggs during the day. One person told us that their visit to the chickens had become a much looked forward to part of their daily routine. The manager said, "It's given the residents more of a purpose to get outdoors." Several people had requested more up to date music from visiting singers than the 1920s to 1940s music that entertainers frequently assumed older people wanted to hear. A variety of music was now being requested when an entertainer was booked, to cater for everyone's tastes.

People, their relatives and anyone involved in the home, were encouraged and supported to discuss any concerns they might have, with whoever they felt most comfortable with. One person said, "I have no complaints but if I had I would probably tell the senior carer." Another person told us, "I would not hesitate to make a complaint if I had one, but I don't, they're very approachable." One person told us that they had made a complaint about a member of staff. They were satisfied that the complaint had been dealt with. A relative also said they had raised a minor concern, which was dealt with. They added, "Let's put it this way, I can go home and not worry about my [family member]... I know she's in safe hands." Staff demonstrated that they knew what to do if anyone raised any issues and we saw that the provider's complaints procedure was prominently displayed around the home. The manager said, and paperwork confirmed that any complaints had been addressed to the complainant's satisfaction.

## Is the service well-led?

### Our findings

Everyone we spoke with praised the service provided by Field Lodge. One person told us, "I couldn't improve anything about this place. I'm very happy." Another person said, "I'm left to do my own things. It feels like my own home, not a hostel or a nursing home." A third person explained that they had refused to get out of the car when they arrived. They said, "...then this chap came and offered me coffee, enticed me out and do you know the minute I stepped in this place I knew it was for me. I sometimes wished I could die at home, now I want to live forever."

Staff told us how much they enjoyed working at Field Lodge and felt very well supported by the management team and senior staff. One member of staff said, "It's 100% better than other homes I've worked in." A senior member of staff described other staff as, "Amazing. They're brilliant. An amazing bunch of people, really dedicated."

The manager told us that strong links were being developed with the local community. They said, "The home has its own social media Facebook page which has been well received as a way to share information on what is happening within the service and to promote community engagement."

People, their relatives and staff were all given opportunities and encouraged to put forward their views about the home in a number of formal and less formal ways. For example, we saw minutes which showed that a range of meetings were held regularly to ensure that everyone knew what was going on and had the opportunity to put forward their views. Relatives meetings were arranged every three months and meetings for staff teams were held. One member of staff described the 'heads of' meeting they had been to earlier in the day, when the head of each department in the home (for example, catering, care, and housekeeping) met together to discuss everything that was happening. The manager said their door was always open and anyone was welcome to drop in for a chat. Everyone was confident their views were acted on whenever possible.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The manager (who was registered after the inspection) had only been in post for three months. However, they had made a good impression on people, their relatives and the staff, several of whom described them as "very approachable." Staff praised their supportive management style.

A member of staff told us there was a very "open culture" in the home and they felt comfortable raising concerns and making suggestions. Staff all understood what whistleblowing meant and said they would have no hesitation in reporting colleagues if their practice was poor or abusive. They felt they would be listened to and taken seriously.

The provider had a system in place to check the quality of the service being provided. A range of audits on various aspects of the service was carried out and any issues found were addressed. For example, we saw

that the manager carried out a daily walkabout audit, which included checking if the right number of staff were on duty. Incidents and accidents were recorded in detail. Thorough investigations of any incidents were carried out so that everyone could learn from them and try to ensure that the same incident did not happen again. The provider had developed a detailed 'Dementia strategy – Measuring Success audit tool'. Completed by the manager in May 2017 this audit showed that although there was some excellent practice, there were some areas that needed improvement. Any actions required were added to the service improvement plan, with timescales and the staff member responsible for ensuring the action was completed.

Our inspection found that records were maintained as required. The manager was aware of their responsibility to send notifications to the CQC as required by the regulations.