Caring Homes Healthcare Group Limited

Hulcott 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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 10 and 11 October 2016. It was an unannounced visit to the service.

Hulcott Nursing Home is a nursing home for adults some of whom are living with dementia. It is registered to provide accommodation for 49 people. At the time of our inspection 30 people lived at the home. The home is located in a small village in Buckinghamshire.

We previously inspected the service on 4 June 2014. We found the provider was not meeting one of the five standards checked at the time. We found breaches of Regulation 15 of the Health and Social Care Act 2008. People were not always protected from environmental risks. The home was not adequately maintained. The provider sent us information to tell us what action they were taking to ensure it improved. At this inspection we found the provider had completed a programme of remedial work to improve the environment. Risk assessments were in place for further work planned.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (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 2008 and associated Regulations about how the service is run.

We received positive feedback about the home; people told us it was warm, friendly and a homely environment. People spoke highly of the registered manager and the staff team. Comments included, "Caring staff, proactive manager, good atmosphere, good quality care," and "The carers in this home are extremely excellent."

Providers and registered manager are required by law to tell CQC of certain events or incidents that occur as a result of people receiving care and support. We call these notifications. One event services are required to tell us is about when a decision had been made about an application to lawfully deprive a person of their liberty. We found this did not always happen.

Services we regulate should ensure that records are kept and maintained securely. We found not all the records we asked to review were readily available and did not provide an accurate record of what checks had been carried out. We have made a recommendation about this in the report.

People told us they received kind and compassionate support from staff that were knowledgeable about them. People told us "I am very pleased with the staff, they have made me so welcome, they are all very friendly," and "The caring in this home is very good indeed." Care plans detailed people's likes and dislikes.

People were protected from avoidable harm, as staff had received health and safety training. Staff knew how to recognise signs of abuse and what to do should a concern be raised.

The service had robust recruitment processes in place, which ensured only people with the right skills and attributes were employed.

People had good access to healthcare and any changes to health were reported promptly to healthcare professionals.

People were supported to engage in activities of their choice, and an activities co-ordinator spent time with people in groups and on a one to one basis.

People and their relatives were able to give feedback to the service at resident and relative meetings.

Staff told us there was clear leadership from the registered manager. People told us the registered manager was visible and approachable.

We found a breach of the Care Quality Commission (Registration) Regulations 2009. You can see what action we told the provider to take at the back of the full version of this report.

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 were protected from harm because staff received training to be able to identify and report abuse. There were procedures in place for staff to follow in the event of any abuse happening.

Potential risks to people were clearly identified and mitigating actions were available to all staff. Risk assessments were reviewed regularly.

People were supported by staff with the right skills and attributes because robust recruitment procedures were used by the service.

Is the service effective?

Good

The service was effective.

People received safe and effective care because staff were appropriately supported through a structured induction, supervision and training.

People were encouraged to make decisions about their care and day to day lives.

People received the support they needed to attend healthcare appointments and keep healthy and well.

Is the service caring?

Good

The service was caring.

Staff were knowledgeable about the people they were supporting and aware of their personal preferences.

People were treated with respect and their privacy and dignity were upheld and promoted.

People's views were listened to and acted upon.

Is the service responsive?

Good

The service was responsive.

People were able to identify someone they could speak with if they had any concerns. There were procedures for making compliments and complaints about the service.

People had access to a wide variety of activities.

The service responded appropriately if people's needs changed, to help ensure they remained independent.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The registered manager did not ensure all reportable events were notified to CQC.

People and relatives had confidence in the management. Management were visible and accessible.

People received safe care because the provider monitored the service to make sure it met people's needs effectively.

Hulcott 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.

The inspection took place on the 10 and 11 October 2016 and was unannounced; this meant that the staff and provider did not know we were visiting. The first day of the inspection was carried out by one inspector with support from a specialist advisor within older people's care 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. The same inspector was unaccompanied on the second day.

Before the inspection the provider completed a Provider Information Return (PIR). The PIR is a form that the provider submits to the Commission which gives us key information about the service, what it does well and what improvements they plan to make. We reviewed notifications and any other information we had received since the last inspection. A notification is information about important events which the service is required to send us by law.

We spoke with seven people living at Hulcott Nursing Home who were receiving care and support, two relatives; the registered manager and 11 staff, including the regional manager. We reviewed four staff recruitment files and seven care plans within the service and cross referenced practice against the provider's own policies and procedures. We observed a medicine administration round and looked at a number of records related to the recording and storage of medicines.

We also contacted social care and healthcare professionals with knowledge of the service. This included people who commission care on behalf of the local authority and health or social care professionals responsible for people who lived in Hulcott Nursing Home.

We received feedback from staff and relatives after the site visit.

Good

Is the service safe?

Our findings

When we inspected the home on 4 June 2014 we found the provider was not meeting one of the regulations. This was because they had not ensured the home was adequately maintained. We asked the provider to take action to make improvements. The provider informed us of a programme of work they had planned to complete by 30 September 2014. At this inspection we checked the environment. We reviewed information the registered manager had about ongoing environmental issues. We found the stated works had been completed. This meant people were now cared for in premises which were well maintained and safe.

People gave us positive feedback about the environment and we found the home to be warm and welcoming. The home is located in an old building; therefore there was an ongoing programme of remedial work to be undertaken and maintenance. The registered manager showed us areas of work which were in progress. We saw risk assessments were in place to minimise the risk to people. The registered manager informed us of how repairs were raised on an electronic system. The electronic system provided a clear audit trail of works completed.

Environmental risks had been assessed. A fire risk assessment was dated July 2016 and a structural engineer had carried out a survey in August 2016. Recommendations were made. The registered manager informed us the work was planned in the near future. Fire equipment was tested regularly. We saw a fire drill was carried out on 7 October 2016.

The service had a full time maintenance officer; however they had been absent from work for some time. Another member of staff was covering this post at the time of our inspection. We looked at records related to the maintenance and safety of the building. The service had a Legionella risk assessment in place which gave a clear programme of maintenance for managing and reducing the risk associated with Legionella. The covering maintenance staff and the domestic staff confirmed that the required tests were completed weekly for rooms not in frequent use. We could not find any records relating to these tests. The registered manager and covering maintenance staff could not find any records. However contact was made with the permanent maintenance staff and records were sent to us after the site visit. The records reflected checks were carried out in line with time scales in the risk assessment.

People were protected from potential risks and the service had a risk management policy. Risk assessments were written for a wide range of activities including falls and use of bed rails. Risk assessments were reviewed on a regular basis. Where people had been assessed at high risk from pressure damage, pressure relieving equipment was in place. Air mattresses were set at the correct setting for a person's weight and we saw evidence these were checked twice daily by day and night staff. Where people had been assessed as high risk of falls, we noted there was a record of how to reduce the likelihood of falling, for instance a check was made of correctly fitted footwear.

People told us they felt safe. Comments included, "Oh yes, I do feel safe here. I know I'm safe. The staff would not be abusive or disrespectful to me, they never have and they never will," "I do get on with all of the staff, they wouldn't abuse or be rude to me, I do know that," and "Yes, I've never had any reason to think

otherwise than be safe here. If I had any problems I would speak to my carer who comes in to visit me frequently." These comments were echoed by the relatives we spoke with. One relative commented "Yes, I do believe my sister-in-law does feel very safe here. She can't look after herself so is reliant on the staff doing most things for her."

People were protected from abuse. The service had a safeguarding procedure in place. Staff received training on how to safeguard people. Staff had knowledge on recognising abuse and how to respond to safeguarding concerns. Contact details for the local safeguarding team were displayed in the care office. People we spoke with felt they would raise any concern to a member of the management team. One person told us, "If there was a problem I'd go to the manager whose name is X. No doubt she would sort the problem out for me." Staff told us they had been informed by the registered manager when safeguarding concerns had been raised.

People told us they thought there were enough staff to meet their needs. Comments included, "I do think they have more than sufficient staff here at any one time. I'm not aware that they've ever been short of staff," and "I think there are sufficient staff here at any given time yes." This was supported by what we observed. We reviewed staffing rotas and saw where required the registered manager booked agency staff. However they told us this was kept to a minimum. Staff told us staffing levels had been lower in the past, but at present they felt there were enough staff on each shift. The registered manager confirmed that staffing levels had improved.

At the time of the inspection the home had a number of unoccupied rooms. The registered manager informed us a dependency tool was used to calculate staffing numbers. They also advised us the provider conducted a check on the staffing and a check was due in the near future.

The service operated robust recruitment processes. Pre-employment checks were completed for staff. These included employment history, references, and Disclosure and Barring Service checks (DBS). A DBS is a criminal record check. We saw gaps in employment were explained. This meant that people were supported by staff who had the right skills and attributes to provide safe care.

People, who required support to ensure they received their medicine on time, were supported by staff who had received training in safe administration of medicines. We observed a lunchtime medicine round and found practice surrounding medicine to be safe. Staff demonstrated a professional approach when administering medicine; we saw they explained to people what the medicine was for. Medicines were stored in a secure cabinet. One medicine trolley had a broken lock and therefore had been moved to a secure room. At the time of our arrival the nurse in charge was sourcing a new lock. Where medicine required additional storage and recording we found this happened in a safe and accurate way. People told us they received their medicines on time. People who had allergies were protected from exposure to potential sources as allergies were clearly documented in care plans and on medicine administration records (MAR).

The service was supported by a team of domestic and laundry staff. We saw the staff worked well with care staff. One of the senior domestic staff told us how they had worked with the management and a person to manage hygiene issues within the person's bedroom. They spoke restfully of the person and how they had involved them in decisions around a change to the floor to aid better and effective cleaning. The home was kept clean and tidy. There was a clear schedule for cleaning.

Good

Is the service effective?

Our findings

People and their relatives told us they felt staff were knowledgeable and had received training to provide effective care. Comments from people included, "Yes, I do think the staff here are trained correctly to look after me well. This applies especially to (staff member's name), who is great," "I do believe that the carers and staff generally here are all well trained yes. The carers would be to a lesser extent than the nurses I suppose," "Yes, I do feel that the staff have certainly had the correct training, I have no doubt about that. I've never had any qualms about their competence", and "I do think the staff here are correctly trained to help me and the other residents."

Staff undertook a wide range of training to assist them in their role. Staff we spoke with were knowledgeable about the subjects they had been trained in and spoke highly of the training they had received. Staff training was a mixture of face to face and e-learning. The registered manager monitored staff training and when refresher training was required staff were reminded. Some staff within the service were studying for the Care Certificate. The Care Certificate sets out explicitly the learning outcomes, competences and standards of care that will be expected by health and social care workers. Two staff had received additional training to support new staff through the Care Certificate. We spoke with one of the staff who supported staff; they were aware of different learning styles and had developed a recording form to demonstrate the support they offered.

Where required additional training was provided, for instance staff had received specialised training to ensure they could meet a person's specific nursing needs. The registered manager also completed training; this ensured their skills were maintained.

Staff told us they received an induction to the service. Staff did not work alone until they had worked alongside more experienced care staff. Staff received support from a line manager; this included one to one meetings and an annual review of their performance. The provider had a range of policies which supported the registered manager to deal with staffing issues. This included management of long term sickness and poor performance.

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 application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager had identified a number of people who they considered were being deprived of their liberty. We reviewed three of the people's records and saw that an application had been made to the local authority

and the service was awaiting an assessment. The registered manager and nurse in charge informed us that one person who was no longer a resident of the home had previously been assessed and the service had received confirmation the deprivation had been authorised.

People's healthcare needs were monitored and any changes in their health or well-being prompted a referral to their GP or other healthcare professionals. The service had an arrangement with the local GP to review each person at least monthly. The nurse in charge was able to tell us about a GP communication book. They told us there was a good working relationship with external healthcare professionals. This was supported by what people told us. Comments included, "If you want to see the doctor, usually the staff will sort it. Tell them you want to see him and they arrange it," and "They'd certainly arrange the doctor for me and an optician if I needed them."
People gave us positive feedback about the food. One person told us "Yes I do like the food here, actually it's quite nice. They're quite happy to change it if I don't like what they've given me, if you don't like the alternative they'll concoct something for you if necessary." Other comments from people included, "We do get refreshments here, quite a lot actually. The tea or coffee comes with biscuits and cakes, so there's no reason to go hungry or thirsty at all," and "The food is all right, nothing exceptional, it's quite good quality. They also would be quite happy to change it if you didn't like what was on offer."
We observed two lunchtime meals and an afternoon tea. Food was delivered to people who wished to eat in their rooms. We observed there were enough staff on duty to support people with their meal. Staff we spoke with knew how to support people with their meal in a dignified way. We overheard staff supporting people at meal times; they took their time and spoke with people about what was being offered. Where people required a soft or pureed diet this was presented in an appetising manner. We found staff to be patient and professional when encouraging people to eat who lacked appetite.
People who required fluid and food to be provided through a percutaneous endoscopic gastrostomy (PEG), a specific feeding tube, had their nutritional support prescribed and monitored by a dietitian; nutritional assessments were completed and evaluated on a monthly basis. We saw evidence any weight losses or gains were documented and reported to the GP and or the dietitian. This meant people's health needs were met and monitored. This was supported by what a relative told us, "She will be seeing the doctor sometime this week as she is losing weight and they are monitoring that."

Good

Is the service caring?

Our findings

People were supported by staff who provided caring and compassionate care. We received positive feedback from people about the care staff. Comments included, "The caring in this home is very good indeed. A couple of the carers are absolutely brilliant," "The carers in this home are extremely excellent. They do what they do for us with obvious affection, I can't complain," and "The staff are absolutely excellent, they're excellent at all times."

Feedback given to us after the inspection included, "The home has a friendly atmosphere and feels homely and caring and a happy place to be," "Calm and friendly and the atmosphere is really nice," and "Caring staff, proactive manager, good atmosphere, good quality care."

We observed interactions between staff and people throughout the course of two days. We overheard staff talking to people in a respectful manner. People looked relaxed and comfortable in the company of staff. Staff spoke positively about people. Staff were able to tell us about people, their interests and extended family members. This meant meaningful professional relationship had developed between people and staff.

One person, who had not been at the home long, spoke very highly of the staff. They told us "I am very pleased with the staff, they have made me so welcome, and they are all very friendly." The person told us how the staff had supported them in coming to terms with moving into a care home. We could see how difficult the decision had been. It was evident the staff's approach to the situation was respectful.

People told us staff maintained their dignity and promoted privacy. Comments included, "The staff here are all very kind and very caring and very considerate at all times," "When they want to come in, they knock and they enter. If they caught me inside undressed they'd apologise and go. They certainly do respect my privacy yes. I am happy to say that they are totally respectful to me at all times and yes, as already stated, protect my dignity when they need to." Another person told us "They do knock before they come in which they do very quietly so as not to disturb me if I'm asleep. They do respect my privacy and they are always, always respectful. And I doubt that they would do anything to me and that would damage my dignity." A relative told us "They do knock then enter because she is a bit deaf and they do respect her undoubtedly. Her dignity is always preserved by them."

People told us they were involved in the development of their care plan, one person told us "My care plan was set up with me. I answered all the questions and they do update it regularly." Another person told us "My daughter-in-law set up the care plan with them I do know that, that's when I first came in. They update it as far as I'm aware." Two relatives told us they were involved in discussions about care preferences.

People also told us they were encouraged by staff to maintain as much independence as they could. One person told us "They don't try to interfere with my independence, I wouldn't allow it actually." People felt able to discuss with staff how they would like to be supported.

Staff had received training in end of life support. The registered manager told us there had been times in the

past where a large percentage of residents were supported through end of life care plan. We received positive feedback about how people and their relatives were cared for during these times. One relative told us "Myself and the rest of the family were extremely impressed by the quality and level of care the staff at the home were providing. As her health deteriorated we almost expected these high standards to perhaps tail off slightly but that didn't happen and despite my Mother being pretty much asleep for the last few weeks of her life, those same high standards of care continued to the very end. My family and I cannot praise highly enough the care provided by the home, all of the staff and in particular the wonderful manager there."

Another relative told us they had visited on Christmas day to have lunch with their wife. The relative told us how the staff had demonstrated they worked well as a team and were considerate to people's needs and thoughtful in their approach. The relative told us "The room is always clean and tidy; my wife has thrived in the environment."

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to changes in need. Pre-admission assessments were completed by a senior member of staff. The pre-admission assessment covered a wide range of a person's health, life and well-being. A relative told us how they had visited the home prior to their family member moving into the home.

Staff were aware of how to provide a person focused service. We saw how staff involved people in decisions about what they wanted to do. Care plans provided information about people's likes and dislikes. One staff member told us "I ensure they get what they want, I make sure I work around them." Another member of staff told us, "When someone is newly admitted, we complete a preferences form, this helps us understand about the person. It covers what activities people like and what is important to them." This was supported by what another staff member told us. "Whoever completed the preferences form, will let other staff know, this could be the same day or in the morning handover meeting. We have good communication."

Staff we spoke with were knowledgeable about people's preferences and choices. One member of staff told us how one person liked to get up early in the morning; the staff member told us how they ensured this happened.

We saw care plans and risk assessments were reviewed and evaluated regularly. This was to ensure the information in them remained accurate. The service operated a 'resident of the day'. Each day one or two people were identified to be reviewed. All team members would be aware of who it was and the care records would be updated. This ensured people received a personalised service.

We observed a daily handover meeting, this meeting involved all staff. The registered manager lead the meeting, it was used to update all staff on events that affected the home. Staff told us they found the meetings informative. A record of the discussion was made so staff not present at the meeting could read and keep themselves updated with information. Following the meeting the senior staff of duty allocated work out. The senior care staff told us they ensured staff were rotated around the building. This was to ensure that staff knew the needs of everyone who was resident in the home.

The service had a complaints procedure and information on how to make a complaint was available. People and relatives we spoke with were aware of how to raise concerns if needed. People told us "I've never ever needed to complain, do not expect to have to do so ever, but I do know what to do if the situation arose. I'd go straight to the management who would get both barrels," "If I did have to complain I would tell the activities coordinator and she would sort it for me," and "I've never needed to complain thankfully. If I needed to I'd press my bell and it would go from there. I'm sure it would be sorted fairly quickly." People were confident their concerns would be taken seriously by the registered manager. We saw where the service had received complaints these were responded to in writing by the registered manager.

Feedback was sought from people and their relatives. People felt involved in decisions about their care. People were invited to residents meetings. One person told us they chose not to attend all the meetings and

another person told us they got the minutes of the meeting and a relative read them out to them. This meant there were opportunities for people to feedback about their experience of the service. One relative told us they had attended a meeting and were due to attend another one in the near future.

The service employed an activities co-ordinator, they were supported twice weekly by another activities staff member. We observed a number of different activities on offer. There was a schedule of activities displayed around the home. However the activities co-ordinator was able to tell us how they also provided one to one sessions with people. This was especially important for people who chose not to leave their room. One person who was supported to remain in bed was visited by the activities co-ordinator. They advised us they had hand massages. They told us "Being bedridden means that I don't get a lot of exercise but this is something that can help to keep my hands going."

We observed an 'Oomph' session being carried out. This was a nationally recognised programme of physical activity to music, which had been created to enhance the physical and emotional well-being of older adults. We could see people who attended were engaged and smiling. One person told us "I think there are enough activities to do yes. I do tend to go on any outside trips as well. I particularly like to go to the garden centres." The activities co-ordinator was knowledgeable about types of activities which encouraged people who lived with dementia to participate. They informed us they had intended to increase the number of outings. We spoke with the registered manager about this and they had considered how they could support the activities co-ordinator in making this happen.

Requires Improvement

Is the service well-led?

Our findings

People were supported by a service that was not always well-led. There was an experienced registered manager in post. Providers and registered managers are required to notify us of certain incidents or events which have occurred during, or as a result of, the provision of care and support to people. One notifiable event is when a decision had been made about a DoLS application. We found one person had at least two decisions confirmed by the local authority on applications made. We checked our records and found no evidence of a notification. We spoke with the registered manager about this. They informed us that they had only recently received advice about when a DoLS notification was required. However we found evidence of an email dated December 2014 from the provider's compliance manager confirming when registered managers needed to notify CQC.

This was a breach of Regulation 18 of The Care Quality Commission (Registration) Regulations 2009, as the service did not ensure the Commission was notified of important events when required to do so.

We asked to see a number of documents, policies and paper work as evidence the service was providing a safe, effective and high quality service. Records relating to the care and treatment of people were in an order that was easily accessible and provided a clear picture of what care was required. Other records relating to the management of the service were more difficult to find. We asked the registered manager for records relating to water testing. The registered manager could not find these documents on the second day of inspection. They sent them through to us after the event. We found hand written notes on the checklist were not always dated, and the records did not indicate which rooms the checks had taken place in. This potentially could have led to insufficient testing. A number of documents were stored in a cupboard. We found there was a mixture of current and old advice and guidance. This made it difficult to find the most current document used. We spoke with the registered manager about this and they confirmed with us there required some improvements in data management. However they had just moved offices which they stated to have contributed to the difficulty in obtaining information when it was requested.

We recommend the service reviews its data management system in relation to health and safety within the home.

We received positive feedback from people, their relatives and staff regarding the management of Hulcott Nursing Home. Staff told us they had confidence in the registered manager and that they encouraged good communication. Comments from staff included, "At Hulcott I have felt welcomed and a part of the team since day one," "From my first day, I have felt welcomed and supported and that the home is well run and organised," and "The manager is very good and approachable." This was supported by what people told us. One person told us "X is the manager and she does rounds on a regular basis. She stops and asks how we feel and is anything needed. Yes, I do feel that she is running this place well." Another person told us "The manager is I believe X and we do see her around yes. She is very hands on I think you'll find. She does manage this place very well so I'm quite happy with that and also happy with the staff. I would recommend it, there's actually no doubt whatsoever about that it's been an experience to me and, on the whole, a very pleasantly surprised experience."

People and their relatives told us they would not hesitate to recommend the service. One person told us, "It most certainly is well managed, I don't doubt that. The staff are not unhappy; they seem to get on with each other, no disputes, no arguments. Yes definitely recommend it there's no doubt about that. I've had experience in three homes and this is by far the best. There's nothing in here that I don't like."

Staff told us there was a very clear message from management to provide a high quality service. Staff told us they felt valued. One staff member had been awarded 'carer of the month', they were very proud of this award.

Staff spoke positively about working within the home, one staff member told us, "We have good team spirit, I give 110 percent, and I love this job." Another staff member told us, "I love my job, I adore the residents."

Quality assurance processes were in place to monitor and assess the success of the service provided. We looked at a number of different audits. We saw the registered manager had taken on board recommendations made. The registered manager entered data onto an electronic database. Although not fully up to date, they were able to monitor the service as reports could be drawn off the system for how many accidents there had been as an example. A monthly review of documentation was carried out by a regional operational manager. They also produced reports which helped the registered manager to monitor the quality of the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The service did not ensure CQC were made aware of all reportable events.