

Flightcare Limited

Swansea Terrace

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

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

Swansea Terrace provides support for people who require residential or nursing care. The home is located close to Preston city centre. There are two large communal rooms, communal bathrooms and en-suite washing facilities.

Swansea Terrace is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

There is a registered manager at the service. 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.

At the last inspection of the service we found 6 breaches of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014. These breaches were Regulation 9 (Person centred care), Regulation 10 (Dignity and respect), Regulation 12 (Safe care and treatment), Regulation 17 (Good Governance), Regulation 18 (Staffing) and Regulation 19 (Fit and proper persons employed).

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to meet the regulations. During this inspection we checked to see if there had been improvements at the service. We found all the breaches of regulation had been improved.

We found the home was clean and tidy. Staff told us they were provided with personal protective equipment. We found moving and handling was seen to have improved. We looked at how the service was managing medicines at this inspection. We found improvements had been made.

We saw a staff dependency tool was being used appropriately to determine how many staff were required. Staffing levels had improved and agency staff had not been used for five months. We found people were protected by suitable procedures for the recruitment of staff.

We found that maintenance checks were completed and there had been improvements. A range of checks were carried out on a regular basis to help ensure the safety of the property and equipment was maintained.

We looked at how accidents and incidents were being managed. There was a central record for accident and incidents to monitor for trends and patterns and the management had oversight of these. People told us they felt safe. The service had procedures to minimise the potential risk of abuse or unsafe care.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

Staff received supervision and appraisals and told us they felt supported. Staff training was ongoing and evidence was seen of staff completing training. We saw evidence people's care and support was delivered in line with legislation and evidence based guidance.

We found in depth assessments were carried out by the registered manager before any person received a service. People's needs for nutrition and fluids had been considered. Files contained likes and dislikes with regards to food and drink. We observed people eating in a relaxed manner and they seemed to enjoy their meals. People told us, "We have a good choice at meal times."

We received consistently positive feedback about the staff and about the care people received. Staff received training to help ensure they understood how to respect people's privacy, dignity and rights.

Staff were highly motivated and described their work with a clear sense of pride and enthusiasm. We looked at what arrangements the service had taken to identify record and meet communication and support needs of people with a disability, impairment or sensory loss. Care plans seen confirmed the services assessment procedures identified information about whether the person had communication needs.

Each person had a care plan which was tailored to meet their individual needs. We saw care records were written in a person centred way. People told us they were encouraged to raise any concerns or complaints. The service had a complaints procedure.

We found the management team carried out audits and reviews of the quality of care. We found some concerns with the oversight of supplementary recording which management addressed during the inspection.

Staff we talked with demonstrated they had a good understanding of their roles and responsibilities. We found the service had clear lines of responsibility and accountability with a structured management team in place.

The provider and registered manager had clear visions around the registered activities and plans for improvement moving forward. The management team were receptive to feedback and keen to improve the service. The managers worked with us in a positive manner and provided all the information we requested. Whilst the service had improved since the last inspection. Standards need to be embedded to demonstrate good practice over time. We will check this during our next planned comprehensive inspection.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

We observed some unsafe practice around the use of prescribed thickener for people.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was at risk of harm.

People were supported with their medicines in a safe way by staff who had been appropriately trained.

Staffing levels had improved and agency staff had not been used for five months. This meant people were supported by a consistent staff team.

The rating could not be improved to good because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Is the service effective?

Good 

The service was effective.

People's rights were protected, in accordance with the Mental Capacity Act 2005.

Staff were skilled and received comprehensive training to ensure they could meet people's needs.

There was evidence of staff supervisions and appraisals.

People had access to healthcare professionals was available when required.

Is the service caring?

Good 

The service was caring.

We observed they worked in ways that respected each person's culture, diversity and human rights.

Care documentation we reviewed contained clear evidence each person or their representatives were consulted and fully involved.

Staff respected people's privacy and dignity in a caring and compassionate way.

Is the service responsive?

Good ●

The service was responsive.

There was a complaints policy, which enabled people to raise issues of concern.

Care plans were completed and reviewed in accordance with the persons changing needs.

We saw examples of how people were supported in line with accessible information.

We saw care documentation which showed end of life care had been discussed with people who lived at the home.

We observed people taking part in activities provided by the home.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

We found some concerns with the oversight of turn charts for people.

Staff worked in partnership with other professionals to make sure people received appropriate support to meet their needs.

A range of quality audits and risk assessments had been conducted by the manager.

Staff enjoyed their work and told us the management were always available for guidance and support.

The rating could not be improved to good because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Swansea Terrace

Detailed findings

Background to this inspection

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

This inspection took place on 02 May 2018 and was unannounced. A further inspection site visit took place 09 May 2018 which was announced.

The inspection team comprised of two adult social care 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 home. The expert-by-experience had background knowledge of caring for the elderly.

Before the inspection visit we contacted the commissioning department at Lancashire County Council. In addition we contacted Healthwatch Lancashire. Healthwatch Lancashire is an independent consumer champion for health and social care. This helped us to gain a balanced overview of what people experienced accessing the service.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We checked the provider's website before the inspection visit to check if they were displaying their previous rating and found that they were.

During the time of inspection there were 36 people who used the service. We spoke with a range of people about Swansea Terrace. They included six people who used the service, three relatives, the registered manager and five staff members.

We closely examined the care records of six people who used the service. This process is called pathway

tracking and enables us to judge how well the service understands and plans to meet people's care needs and manage any risks to people's health and wellbeing.

We reviewed a variety of records, including policies and procedures, safety and quality audits, four staff personnel and training files, records of accidents, complaints records, various service certificates and medicine administration records.

We observed care and support in communal areas and had a walk around the home. This enabled us to determine if people received the care and support they needed in an appropriate environment.

Is the service safe?

Our findings

During our last inspection the environment was found to be unclean in a number of areas. Some of the bins around the premises were overflowing and did not always contain a bin liner. We found that staff were not always disposing of personal protective equipment in the correct bins. This was a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Safe care and treatment).

During this inspection we found that infection prevention procedures had been improved. The home was clean and tidy; we observed domestic staff undertaking their duties. Audits and daily walk rounds were being completed to keep the standards high. Staff told us that they were provided with personal protective equipment and an infection prevention champion had been introduced. An infection prevention champion supports all on matters concerned with Infection Prevention and Control and acts as a role model initiating best practice in infection prevention and control issues within the work area. A main responsibility of the role is to ensure that staff working within their area are up dated in Infection Prevention and new infection prevention and control initiatives. This helps to ensure that people are protected from any risk associated to the spread of infection.

During our last inspection we observed poor moving and handling throughout the inspection visit. We also observed unsafe practice when one member of staff was supporting a person who live at the home with their lunch. We saw one person had been losing weight over a four month period and there was no evidence of medical intervention being sought by the service. This was a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Safe care and treatment).

During this inspection moving and handling was seen to have improved. We observed a care staff and nurse supporting someone to transfer from a wheelchair in to a lounge chair and they used the correct moving and handling procedure as well as verbally encouraging the person.

We observed staff used the same drinks thickener for a number of people; this was previously picked up by an external audit. Thickener is a prescribed treatment which is individually labelled for each person. We spoke with the staff members and they were aware of the correct practice. We saw the home had individual thickeners for people. We spoke with the registered manager and deputy manager about this. The staff were spoken to and the practice immediately stopped.

During our last inspection we found that medicines administration was not always completed in line with the company policies and procedures. We looked at people's care plans and found gaps in information regarding people's medicine regimes. Topical cream administration was found not to be safe. The topical cream charts were inconsistently completed. This was a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Safe care and treatment).

We looked at how the service was managing medicines at this inspection. We found improvements had been made. Monthly audits were being completed and management had oversight of these. We found protocols for 'as and when required' medicines were in place as per the provider's medicines policy. We

looked at training records and found staff who administered medicines had received appropriate training for this. Pain scales were being used in line with the best practice guidelines, NICE clinical guidance on patient experience of adult NHS services.

During our last inspection we found that staffing levels were observed to have direct impact on people's care and treatment. Although people told us they felt safe, everyone we spoke with raised concerns about staffing levels. People who lived at the home said there were not always enough staff on duty. This amounted to a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we saw a staff dependency tool was being used appropriately to determine how many staff were required. Staffing levels had improved and agency staff had not been used for five months. This meant people were supported by a consistent staff team.

People we spoke with did comment they felt that more staff could be on duty as there were some people with complex needs that required two staff to support them with their personal care tasks.. Staff spoken with felt there was now more staff on duty and the reduction in agency staff had taken the pressure of them. We observed that staffing levels had improved and there was a higher staff presence within the home.

During the last inspection we found the provider had not always made sure suitable references was obtained prior to an agreement of employment. This amounted to a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found people were protected by suitable safe procedures for the recruitment of staff. The registered provider had carried out checks to ensure staff had the required knowledge and skills, and were of good character before they were employed at the service. The checks included written references from previous employers. Checks on new care workers had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.

During that last inspection we found maintenance records which had documented water temperatures of 46°C, 50°C, and 45°C. No action had been taken by the service as a result of these readings. During our inspection site visit the fire alarm was tested, we observed one of the fire doors did not close. We checked the records and could not see any recorded checks on door guards to make sure they operated correctly. We made a recommendation about this.

During this inspection we found that maintenance checks were completed and there had been improvements. A range of checks were carried out on a regular basis to help ensure the safety of the property and equipment was maintained. These checks included fire alarm, water temperature and electrical appliance checks. This helped to ensure people were kept safe and free from harm in.

We looked at how risks to people were being managed during this inspection. We found people were protected from risks associated with their care because the registered provider had completed risk assessments. These provided updated guidance for staff in order to keep people safe. These risk assessments related to, for example, people's risk of falling, risk of choking and risks related to diabetes management. The risk assessments viewed were person centred to the individuals. Staff we spoke with demonstrated they were aware of the different risks people were vulnerable to.

We looked at how accidents and incidents were being managed. There was a central record for accident and

incidents to monitor for trends and patterns and the management had oversight of these. Accident and incident forms are being used. The documents we viewed were fully completed and had information relating to lessons learnt. We saw evidence of lessons learned being shared with staff during team meetings and supervisions.

The service had procedures to minimise the potential risk of abuse or unsafe care. Staff had received safeguarding training and were able to describe good practice about protecting people from potential abuse or poor practice. Staff we spoke with were aware of the service's whistleblowing policy and knew which organisations to contact if the service didn't respond to concerns they had raised with them. Staff told us they would not hesitate to raise concerns if they witnessed abuse or poor practice. The service's policies and procedures took into account the need for respecting people's human rights and emphasised people were not to be discriminated against with regard to any protected characteristics under the Equality Act 2010. The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.

People told us they felt safe, one person said, "I have been here since December and they seem to look after everything I'm quite happy with it all." A relative told us, "The staff are looking after [my relative] really well they are clean and the staff see them every hour."

Whilst the service had improved since the last inspection. Standards need to be embedded to demonstrate good practice over time. We will check this during our next planned comprehensive inspection.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

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

We found mental capacity had been considered and written consent to various aspects of care and treatment was observed on people's files. The assessments we saw were person centred and included details about how the service had facilitated the persons understanding. We saw evidence where best interest decisions had been taken on a person's behalf. The service had included other professionals and family within the decision. The best interest decision was recorded and there was clear guidance for staff to follow to ensure they were working in accordance with the best interest outcome.

We reviewed staff supervision and appraisals at this inspection and found these were taking place and documented. Staff told us they were able to access informal support from other staff members and management in between supervisions.

Staff training was ongoing and evidence was seen of staff completing training. We checked the full training records of four staff and viewed the training matrix for the service. Training subjects included areas which affected the wellbeing of people, such as safeguarding. Staff told us they received adequate training in order to care for people effectively. For example, a staff member said, "Training is excellent." People we spoke with told us staff appeared well trained. One person said, "The staff seem to know what they're doing."

We found in depth assessments were carried out by the registered manager before any person received a service. Assessments took place to ensure people's needs could be met by the service. People's initial assessments had been used to create their care plan. Individuals and their relevant family members, where appropriate, had been consulted during the assessment process.

People's needs for nutrition and fluids had been considered. Files contained likes and dislikes with regards to food and drink. People we spoke with said they were given choices on what meals and drinks they wanted. We observed lunch being served, we saw some people who had difficulty cutting their food being offered support to eat their meal. We observed people eating in a relaxed manner and they seemed to enjoy their meals. People told us, "We have a good choice at meal times." And, "There's usually a choice of soup or

main meal."

The Food Standards Agency had awarded Swansea Terrace their top rating of five following their last inspection. This graded the service as 'very good' in relation to meeting food safety standards about cleanliness, food preparation and associated record keeping.

People were supported by staff to live healthier lives. The service referred people in a timely manner, if required, to other services such as chiropodist and GPs. One person told us, "I'm waiting for some glasses and the manager said the optician was coming today."

We asked the registered provider how they obtained and implemented information on best practice guidance and legislation. They told us they attended all relevant conferences and provider forums. They commented involvement helped gather and share good practice. They explained they were currently in the process of reviewing relevant policies to ensure it met the requirements of the General Data Protection Regulation (GDPR). The GDPR is Europe's new framework for data protection laws.

We looked at the premises and found it was suitable for the care and support provided. There was a lift which serviced the building and all rooms could be easily accessed. A dementia friendly audit had been completed and the registered manager had implemented some new dementia friendly signage. We found that people had call bells at hand within their bedroom so they could easily call for staff help should they needed it.

We saw evidence people's care and support was delivered in line with legislation and evidence based guidance. For example, the National Institute for Health and Care Excellence (NICE), MCA, Health and Safety and LOLER (Lifting Operations and Lifting Equipment Regulations 1998) regulations. This demonstrated the manager was aware of their responsibility to use national guidelines to inform care and support practice at the home.

Is the service caring?

Our findings

During our last inspection we found people's privacy and dignity were not always respected and promoted. We observed very little interaction between staff and people during our inspection visit. Interactions were task focused. We heard staff speaking about future tasks such as which person they would put back to bed first or whose pad they would change next. This was not dignified as could be overheard by anyone in the lounge. This amounted to a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found staff received training to help ensure they understood how to respect people's privacy, dignity and rights. Managers assessed how staff used these values within their work when observing their practice. Staff described how they would ensure people had their privacy protected when undertaking personal care tasks. We saw evidence in care planning that people's privacy and dignity was considered.

Staff had a good understanding of protecting and respecting people's human rights. Some staff had received training which included guidance in equality and diversity. We discussed this with staff; they described the importance of promoting each individual's uniqueness. There was a sensitive and caring approach, underpinned by awareness of the Equality Act 2010. The Equality Act 2010 legally protects people from discrimination in the work place and in wider society.

We observed staff as they went about their duties and provided care and support. We saw staff speaking with people who lived at the home in a respectful and dignified manner. For example, we observed staff members speaking to people at their level so they had good eye contact. One person told us, "The staff are all caring and kind." Another said, "The staff are all very nice with me the staff are my friends."

The registered manager and staff told us they fully involved people and their families in their care planning. People's beliefs, likes and wishes were recorded within care records and guidance in these records reflected what staff and people told us about their preferences. Each record contained a comprehensive history of each person. This supported staff in developing positive and meaningful relationships with people.

People we spoke with told us they were offered a variety of choices, which promoted independence, such as what they wanted to do and where they would like to sit. People had their own bedrooms and had been encouraged to bring in their own items to personalise them. We saw people had bought in their own ornaments and rooms were personalised with pictures and paintings.

There was information available for people about how to access local advocacy services, should they so wish. Advocates are independent people who provide support for those who may require some assistance to express their views. Signposting people towards advocacy services helped to ensure people's rights to make decisions about their care and support were promoted.

Is the service responsive?

Our findings

During the last inspection we found the service was not always responsive to people's individual needs. We found people were not bathed in accordance to their needs and wishes. People told us they could not go to bed at times when they wanted. This amounted to a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made around responding to people's individual needs. We reviewed care records at this inspection and saw care records were written in a person centred way. Staff took note of the records and provided care which was person centred. For example, we observed staff working with people on a one to one basis helping them to mobilise around the home and avoid situations that could cause distress. The staff were gentle with the person and used good communication and distraction techniques.

Care plans were clear and concise and the information contained within them was easy to follow. Care records were regularly reviewed; this meant people received personalised care, which met their changing needs. People we spoke with told us they felt staff were responsive to their needs. One person told us, "If I wanted to change anything I can."

During the last inspection we found that concerns were not always recorded, and people we spoke with said they did not feel confident any complaint would be taken seriously and fully investigated. We made a recommendation about this.

We looked at how complaints and concerns were managed during this inspection and found improvements had been made.

People told us they were encouraged to raise any concerns or complaints. The home had a complaints procedure. We saw evidence of complaints and information was available to show how those complaints had been reviewed, investigated and responded to. People we spoke with said they felt comfortable raising concerns if they were unhappy about any aspect of their care.

Documentation was shared with other professional's about people's needs on a need to know basis, for example, when a person visited the hospital. This meant other health professionals had information about individuals care needs to give a clear overview of the person's current needs.

We saw examples of how people were supported in line with accessible information. For example, one person was hard of hearing and the support plan was very clear about how to support the person with this. Another example was for a person whose first language was not English and the support plan included phrases for staff to use to promote effective communication.

We looked at what activities the home provided in order for people who lived there to receive stimulation and to maintain social health. One person told us, "We have theme days and a ball game." And, "They took

me out for coffee, that was nice." We observed one person getting their nails painted during the inspection. We saw evidence of arts and crafts that were completed and the home was busy getting ready for the royal wedding celebrations.

We saw care documentation which showed end of life care had been discussed with people who lived at the home. We saw people had plans around end of life care and these plans were person centred. They included information around what music people wanted playing, who they wanted involved in their care and any advanced decisions they may have made.

This helped to ensure their wishes for their final days were recorded so they could receive the care and support they wanted at that time. We looked at the service's training matrix which showed staff had received training in end of life care.

Is the service well-led?

Our findings

During the last inspection we found audits were not always robust and effective. None of the people who lived at Swansea Terrace or relatives we spoke with could recall attending any meetings with the manager or filling out surveys/questionnaires. Evidence of surveys completed had not always been acted upon. This amounted to a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good governance).

We looked at the improvements that had been made during this inspection. We found the management team carried out audits and reviews of the quality of care. Records were regularly reviewed to check they had been completed and updated as necessary. We saw the management team had carried out specific care record audits to ensure records were of a high quality and consistent with procedure.

We saw other audits, such as those in respect of the environment and equipment, had been carried out, areas for development had been identified and action taken. Staff told us they received constructive feedback on any areas for improvement from members of the management team, such as medicines procedures. This was supported by records we saw.

We found concerns with oversight of the turn chart documentation. These were not being consistently completed by staff. We discussed this with the registered manager and addressed this with staff on duty during the inspection. We did see evidence that the documentation for the week since it was highlighted was adequately completed. The practice requires embedding to ensure staff are consistent in good practice.

The home had a registered manager in place. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the home is run.

Many of the service users were unable to answer specifics about the leadership but they all agreed that they knew the new manager and referred to them in a positive way. One person said, "The managers nice, he always speaks to me, I like him and think he seems very good." One relative told us, "Yes I like the new manager he's always nice with me and knows my name."

The registered manager explained and records we looked at confirmed they worked with other agencies to ensure they were providing care in line with best practice. We found the organisation had maintained links with other organisations such as the local commissioning groups. The registered manager kept up to date with current good practice guidelines by attending local groups and meetings at which they shared learning and discussed new developments in care.

Staff we talked with demonstrated they had a good understanding of their roles and responsibilities. We found the service had clear lines of responsibility and accountability with a structured management team in place. Staff we spoke with all told us the management team were visible, supportive and available to provide guidance and advice. The registered manager spent time working alongside staff to monitor the

culture and performance of staff.

Staff reported a good working environment, they told us they were happy in their work and felt well supported. One staff member told us, "Staff morale is much better, I feel supported now and listened to." Another told us, "The staff team are amazing and are all good workers."

The registered manager told us they encouraged and sought feedback on the service provided from people who lived at the home and relatives. We saw minutes of 'resident's meetings' which had taken place since our last inspection. The provider also used questionnaires to gain people's views about the service they received.

We found the registered manager was familiar with people who lived at the home and their needs. This showed the registered manager took time to understand people as individuals and ensured their needs were met in a personalised way.

We looked at policies and procedures relating to the running of the home. These were in place and reviewed every year. Staff had access to up to date information and guidance. We found procedures were based on best practice and in line with current legislation. Staff were made aware of the policies at the time of their induction and had full access to them.

Providers of health and social care services are required to inform the Care Quality Commission, (CQC), of important events which happen in their services. The manager of the home had informed CQC of significant events that had been identified as required. This meant we could check appropriate action had been taken.

The home had on display in the reception area of the home their last CQC rating, where people who visited the home could see it. This is a legal requirement from 01 April 2015.

The provider and registered manager had clear visions around the registered activities and plans for improvement moving forward. The management team were receptive to feedback and keen to improve the service. The managers worked with us in a positive manner and provided all the information we requested.

Whilst the service had improved since the last inspection. Standards need to be embedded to demonstrate good practice over time. We will check this during our next planned comprehensive inspection.