Mr & Mrs N Nauth

Credenhill Court Rest Home

Inspection report

Credenhill Court
Credenhill
Hereford
Herefordshire
HR4 7DL

Tel: 01432760349

Date of inspection visit:
27 November 2017
28 November 2017

Date of publication:
01 January 2018

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Credenhill Court Rest Home is located in Hereford, Herefordshire. The service provides accommodation and personal care for up to 31 older people. At the time of our inspection, there were 30 people living in the home, some of whom were living with dementia.

The inspection took place on 20 and 21 November 2017. Day one of the inspection was announced, and day two was announced.

There was a registered manager at this service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered providers and registered managers 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 our previous inspection on 8 March 2017, we rated the service as Good overall, but found the key question of well-led required improvement. At this inspection, breaches of Regulations were identified. These were in relation to the need for consent and good governance.

The provider's recruitment process had not always been followed. which meant there was a risk of the provider employing unsuitable staff to care for people.

Although individual risk assessments were in place which guided staff in how to safely meet people's needs, these were sometimes contradictory and unclear. Medicines had not been audited to make sure these were all accounted for and had been administered safely.

The principles of the Mental Capacity Act were not always adhered to in regard to allowing people with capacity to make unwise decisions, should they choose to do so. Where restrictions were in place for people who lacked capacity, the best interest decision-making process had not always been followed.

The provider's systems for monitoring the quality of care provided to people had not been used to detect and remedy shortfalls in the service. People's care records contained inaccurate and out-of-date information, which meant it was sometimes unclear what people's needs were and how they were to be cared for.

There were enough staff to meet people's physical and emotional needs. Staff understood their roles and responsibilities in regard to protecting people from harm or abuse and in reporting any concerns about the same.

Consideration was given to protecting people from the risk of infection. People enjoyed a variety of different foods and drinks and were given choices. People were supported to maintain their health and access healthcare professionals, as required.

People were able to enjoy their individual hobbies and interests, as well as being given opportunities to develop new interests. People knew how to raise a complaint or give feedback, and this was acted on. People's changing needs were responded to.

People continued to enjoy positive and respectful relationships with staff. People's independence and dignity were promoted.

There was a positive and inclusive atmosphere and culture within the home. Links had been established with the local community for the benefit of people living at Credenhill Court. Staff felt valued and motivated in their roles and about their daily practice.

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 always safe.

Safe recruitment processes had not always been followed. Risk assessments contained contrary and inaccurate information.

There were enough staff to meet people's needs. People were protected from the risk of infection.

Is the service effective?

Requires Improvement

The service was not always effective.

The principles of the Mental Capacity Act had not been consistently applied. The best interest decision-making process had not always been followed.

People had access to a range of healthcare professionals and they were supported to maintain their health. People benefited from a choice and variety of food and drinks.

Is the service caring?

Good

The service was caring.

People enjoyed caring, positive and respectful relationships with staff. People's dignity and independence were maintained.

Is the service responsive?

Good

The service was responsive.

People's changing health and wellbeing needs were responded to. People enjoyed a range of in-house and external social opportunities.

Feedback from people was actively sought and acted upon.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The quality and safety of the care provided to people was not routinely monitored or assessed. People's care records contained inaccurate and out-of-date information about their health and care needs.

There was a homely, relaxed and positive atmosphere in the home. Links had been established in the local community for the benefit of people living at the home.

Credenhill Court Rest 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.

We made an unannounced inspection on 27 November 2017, and an announced inspection on 28 November. The inspection team consisted of two Inspectors and one 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. They had knowledge and experience of care for older people.

We looked at the information we held about the service and the provider. We looked at statutory notifications that the provider had sent us. Statutory notifications are reports that the provider is required to send us by law about important incidents that have happened at the service. We contacted the local authority and Healthwatch before our inspection and asked them if they had any information to share with us about the care provided to people.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people living at the home.

We spoke with nine people who lived at the home and one relative. We spoke with the provider, the registered manager, the office manager, an activities coordinator, the cook, and nine members of care staff. We looked at five care plans, which included risk assessments, healthcare information, capacity assessments, and best interest decisions. We also looked at Deprivation of Liberty Safeguard applications and authorisations, quality assurance audits, feedback received, medication administration records, accident and incident reports, and five staff pre-employment checks.

Requires Improvement

Is the service safe?

Our findings

We looked at whether the provider's recruitment process was safe. The provider's recruitment policy stated before new staff members could start work at the home, they needed to be checked by the Disclosure and Barring Service ("DBS"), and that two references must be obtained; this applied to all members of staff. However, a member of the domestic team had started work without a DBS check. The registered manager explained how this had occurred. They told us the member of staff in question was known to the service and that they had been very short staffed in the domestic team. However, being known to the service does not remove the need for prospective staff to undergo DBS checks, to comply with safe recruitment practice. DBS checks are essential to prevent unsuitable people from working in care. The office manager told us, "It's never happened before, and it will never happen again." We spoke with the provider, who told us this had been an unacceptable error of judgment, and they had learnt from this error. The member of staff still worked at the home and had now completed the DBS checks.

The individual risks associated with people's care and support needs had been assessed and there were risk assessments in place for staff to follow. However, these assessments were not always reflective of people's current needs and they also gave conflicting information. For example, one person's mobility risk assessment said the person needed staff assistance in going up and down the stairs. The risk assessment explained that staff would know the person needed their assistance as the person would come downstairs to get them. This did not make it clear what the exact risk was and what support the person needed to keep themselves safe. Another person's risk assessment said the person had "good physical ability" and was able to walk long distances. However, the risk assessment then specified the person had "restricted mobility" and experienced pain in their feet. It was unclear from the risk assessment what assistance the person needed with their mobility needs.

Another person's risk assessment was in regard to their skin health. The person was at high risk of pressure sores and was cared for in bed, and a risk assessment was in place about how to prevent skin breakdown. Part of the risk assessment was about repositioning and how frequently the person needed staff assistance. The risk assessment specified the person needed to be repositioned every two hours during the day. We discussed this risk assessment with three different members of staff, and they all give different responses as to how often the person needed to be repositioned; none of the staff were familiar with the person's risk assessment. We spoke with the registered manager, who told us the person no longer needed help to reposition and that the risk assessment was out of date. Whilst the person had not sustained any pressure sores and there was no evidence to suggest they had suffered harm, the registered provider had failed to adequately assess and review the risks to the health and safety of people living at the home.

We considered whether people received their medicines safely and as prescribed. We were unable to complete a sample stock-check of people's medicines as there were no running balances on people's medication administration records (MARs). The registered manager told us they would ensure every MAR recorded people's individual running balances of their medicines so that medication audits could detect if there were any medicines unaccounted for. Hand-written entries of MARs were not always signed, or double signed, to confirm accuracy and in line with good practice. We raised this with the registered manager, who

assured us they would address this issue.

Medicines which were required to be given before food were kept in blister packs, which did not state when the medicines should be given. The associated MARs did not specify what the administration times were. This created a risk of people being given their medicines at the wrong time and therefore reducing their efficacy. The registered manager assured us that people did receive their medicines before food, as necessary. However, we asked staff whether they were aware of any time-specific medicines for people, and only one medicine was mentioned; there were three medicines in total, We discussed this with the registered manager, who told us they would ensure people's MARs and blister packs clearly stated where medicines should be given at certain times. We saw people were supported to take their medicines. One person needed assistance to use their inhaler, and we saw the member of staff sat patiently with the person and helped them to use this to relieve their symptoms.

People told us there were enough staff on duty to meet their needs, and to make them feel safe. One person we spoke with told us, "It is reassuring to always be able to see them (staff) around." A relative we spoke with told us staff always had time to sit with people and spend time with them. We saw that staff responded quickly to a person who was experiencing anxiety. The member of staff spent unhurried time with the person, soothing and reassuring them. This visibly calmed the person.

Staff we spoke with understood their roles and responsibilities in regard to protecting people from harm and abuse. This included being able to recognise potential signs of different forms of abuse, and whom they should notify in the event of any concerns. Staff told us they had confidence in the registered manager to investigate any safeguarding concerns, and we saw that where concerns had been raised, these had been investigated and action taken. During the inspection, one person we spoke with raised a concern about an individual staff member's conduct. We raised this with the registered manager and the office manager, who both took immediate action to investigate this further.

We looked at how the provider controlled the risk of infection. On the second day of our inspection, a pre-organised deep clean of the carpets was undertaken by an external company. This was to ensure the home maintained high standards of cleanliness and to help create a pleasant environment for people to live in. Since our previous inspection, the hall carpet had been replaced with wipe-clean flooring. This was because the previous carpet had been an infection control concern. This demonstrated to us the provider understood their role and responsibility in regard to infection control within the home.

Requires Improvement

Is the service effective?

Our findings

We looked at how people's rights were upheld by the provider. 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 to 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 provider was working within the principles of the MCA.

We found the principles of the MCA were not always applied correctly. For example, one person had capacity to make day-to-day decisions about their life. However, the person told us they had restricted access to their cigarettes, which staff kept in the office and gave to the person throughout the day. We saw the person ask staff's permission for a cigarette during our inspection. Although the person was now in agreement with this arrangement, the registered manager confirmed its initial purpose had been to restrict the person's access for the benefit of their health. The person's care plan simply stated the person had capacity and smoked fewer than ten cigarettes a day; there was no evidence to suggest this restriction had been discussed with the person, or agreed by them. The MCA is clear that where people have capacity, they have a right to make decisions which may appear unwise. This person's 'unwise' choice had not been respected, contrary to the Act.

One person lacked capacity, and they also had limited access to cigarettes. The registered manager told us this was in agreement with the person's relative. However, there was no evidence of a best interest decision having been made in regard to this matter. We brought this to the attention of the registered manager and explained the importance of ensuring the principles of the MCA were adhered to.

Where capacity assessments were in place for people, these were sometimes contradictory. For example, stating that a person had capacity, but then going on to state that decisions had to be made in the person's best interests. Another person's capacity assessment was too broad and stated, "[Person] has been assessed as unable to make informed decisions that affect their life and wellbeing." It was unclear from this statement what exactly the person was unable to make informed decisions about, and posed a risk that key decisions about the person's life would be made without consulting them.

Where people had capacity, their care plans recorded it was not always the person themselves who gave consent to decisions about their care and treatment. One person was assessed as having capacity to make daily decisions, yet consent for the sharing of the person's personal information had been obtained from the person's friend. The care plan stated this friend was the person's advocate, but it was not clear why this person needed an advocate, and whether this was a formal or informal arrangement. Capacity assessments must be clear, decision-specific and kept under review. We spoke with the registered manager, who acknowledged work was required in this area and that it would be addressed as a priority.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the time of our inspection, every person living at Credenhill Court had been assessed in respect of their individual care and support needs, and the registered had ensured DoL applications had been submitted accordingly. We spoke with the registered manager and with staff about these DoLS and what the restrictions meant for people. Where there were conditions in place as part of the DoLS authorisations, these had been adhered to. For example, the conditions on one person's DoLS authorisation were around accessing their personal belongings from their property. We saw evidence to show what action had been taken by the registered manager to meet this requirement. Another person's conditions were in regard to a referral to audiology, which had been made. The registered manager had a DoLS 'tracker' system which they used to monitor compliance with the conditions and also to ensure people's DoLS had not expired or were due to expire. People had regular access to Independent Mental Capacity Advocates (IMCA) and also to Relevant Person Representatives (RPR). Both IMCAs and RPRs ensure that people's views are heard and taken into account when decisions are being made about their care, and ensure the DoLS are implemented correctly. Staff and the registered manager knew who people's advocates were and how often they should visit.

People told us they saw health professionals, when needed, and that staff helped them to maintain their health. One person we spoke with told us, " Someone has been and measured me up for some reading glasses, which is wonderful as it means I can read the paper and books again." Another person told us, " I have had one or two bouts of indigestion and the carers have been very good and bought me a canister of peppermint; that got rid of it." We saw people had access to a range of healthcare professionals, including district nurses, the memory team, GPs and the mental health team.

People enjoyed the choice and variety of food offered on a daily basis. One person we spoke with told us, " The food is fantastic; what choice! It is like a hotel. There is a menu, but if I don't like what is on there, they offer me a ham salad for later. They know I like salad and they know I don't always like to eat at lunchtime." During our inspection, people were offered the choice of up to five different lunchtime options, including puddings. We saw staff spoke with everyone individually before the meal to explain the different options available and ask them which they would prefer. During the meal, staff supported people who required 1:1 assistance with eating and drinking. At the time of our inspection, no one required a special diet. However, the cook demonstrated an understanding of when people's needs change and the importance of keeping this under review.

People told us they felt staff had the skills and knowledge they needed to be effective in their roles. One person we spoke with told us, " Most of the carers are nice and good; they are knowledgeable and well-trained." Staff told us they received ongoing training and support in their roles. One member of staff told us, " I'm constantly updating my training. " We spoke with a newer member of staff about their recent induction, who told us, " They [registered manager] made sure I had enough time shadowing and that I was confident enough to go off on my own." We spoke with the registered manager about staff inductions, who told us there was no prescribed time-frame in which new staff stopped shadowing other carers and started to work independently. They told us it depended on the individual needs and experience of the carer, and that it was important not to force people to start covering shifts if they did not feel ready to do so. New staff undertook the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily practice.

Good

Is the service caring?

Our findings

People continued to enjoy respectful. positive and caring relationships and interactions with staff. Comments we received from people included one person telling us, "Staff are absolutely wonderful and I get spoilt." Another person told us, " I have been here for [time] and they have helped me enormously since I have been here. I was in quite a state before I came." A third person told us, " They (staff) are always polite and very patient with us. They would be there for me if I were upset; there isn't anything they wouldn't do."

Throughout the course of our inspection, we saw the registered manager and staff showing a caring approach to people. Staff recognised one person felt cold, without them having to say this. The staff member got some blankets for the person and thoughtfully placed them over the person in their chair, which the person thanked them for. There was a natural ease between people and staff, with them sharing light-humoured banter with each other. One relative we spoke with told us, " The staff are very good and very accommodating. It is a spacious home for people, with good views and good food. [Person] is very happy living here."

Consideration continued to be given to promoting and maintaining people's independence. One person we spoke with told us, " They would do everything for me if I asked them to, but I am very independent and they encourage me to do things for myself." Another person living at the home had previously lived independently, so the provider's maintenance team had installed a kitchenette area in this person's bedroom to enable them to make their own hot drinks and food. However, the person enjoyed the company of staff and other people living at the home, and so they often chose to have food and drinks in the main living areas. The registered manager, "The important thing is that [person's name] has got the option of being by themselves and doing things for themselves, or spending their time with others."

People told us they continued to be treated with dignity and respect. One person we spoke with told us, " The carers are really good and they go to great lengths to make life better. They are always polite, and are respectful of my dignity and privacy at all times. " We saw staff offered people discreet assistance with their personal care needs throughout the inspection, which showed an understanding of the importance of upholding people's dignity. A member of staff we spoke with about dignity and respect told us, " They (people) come from all different walks of life, so I adjust my approach. I try to provide what they expect from me."

Staff understood people's different communication styles, needs and preferences and we saw them tailor their communication style according to the individual needs of the people they spoke with. The home had links with a local independent advocacy service, and people were referred to this when they needed support in making sure their individual views and wishes were known and acted upon.

Good

Is the service responsive?

Our findings

At our previous inspection, we found staff were responsive to people's needs; people received person-centred care and there was a system in place for responding to complaints, comments and feedback.

At this inspection, we found that people continued to benefit from a responsive service. Since our previous inspection, the provider had installed a new 'nurse call' system. The system was used to alert staff through pager devices as to people who required staff assistance, and their whereabouts. We saw staff using this system throughout the day, and that they responded promptly to people's requests for assistance. Staff spoke positively about this new system. One member of staff we spoke with told us, " It is much, much better. Because the home is so spacious, it's important we know quickly who needs help and where they are. We (staff) can call for more staff if we need it as well." The registered manager was also positive about this new system and the benefits to people living at Credenhill Court.

People continued to enjoy a range of social and leisure opportunities, both inside and outside the home. One person we spoke with told us, " They are always plenty of things to do to keep us busy. I go out shopping for clothes and I go out for coffee with the carers." Another person told us, " We get to go out for trips, and we go outside shopping or for walks." During our inspection, we saw people enjoy a range of activities such as playing dominos with each other and an activities coordinator; doing arts and craft-based projects; and going out of the home for day trips. People had been involved in making clear signage around the home to help people locate toilets and bathrooms. This aided people in the home who were living with dementia, and helped to create a dementia-friendly environment. People's poetry and artwork were displayed throughout the home, and they spoke enthusiastically about how much they had enjoyed writing their poems. Where people chose to spend time alone in their rooms, the activity coordinators spent time with them on a 1-1 basis, to help prevent social isolation.

People's changing health and wellbeing needs were responded to. Daily handovers were held, where key information was shared between staff leaving one shift and staff starting the next. The handover records captured any concerns about people, as well as any condition which may need monitoring by staff. There had recently been concerns about changes in a person's mental health. We saw the registered manager and staff were working alongside other health professionals to review this person's changing needs and make sure they received the support they needed. We also saw evidence that other people's needs were routinely reviewed and responded to.

We considered whether the provider was following the Accessible Information Standard. This standard tells publicly-funded organisations how they should make sure people using their services, and their relatives, can access and understand the information they are given. We spoke with the registered manager about how they were meeting, or intended to meet, the requirements of this standard. The registered manager told us the service user guides, the complaints procedure and the website were all going to be re-drafted so they were more accessible and easy to read for people, including people living with dementia. The registered manager told us they were also looking at the provision of other formats for people, such as audio or large print.

People continued to know how to raise any formal complaints, and how to provide feedback. One person told us they wanted more armchairs in a section of the home. We saw the registered manager was aware of this feedback and was taking action to address this for the person. Staff told us they encouraged people to 'speak their minds' and to always let them know if they wanted any changes made to the home.

Where people needed end-of-life care, the provider worked alongside the Macmillan Nurse team in order for people to continue to stay living in their home for as long as possible. Staff had received training in end-of-life care, and the ethos of the home was to continue to meet people's last needs and wishes. At the time of our inspection, no one living at Credenhill Court was receiving end-of life care.

Requires Improvement

Is the service well-led?

Our findings

At our previous inspection, we found the provider's newly- introduced quality assurance systems could not yet be regarded as sustainable as they had only recently been introduced. At this inspection, we found the quality assurance systems were not yet effective in identifying shortfalls in the service.

Since our previous inspection in March 2017, the registered manager had carried out one medication audit, and one infection control audit; both audits were in response to day one of this inspection, with the medication audit containing the issues we had discussed with the registered manager the previous day. The registered manager confirmed there were no additional audits to share, and they told us, "We are not as far along as we'd like."

The registered manager explained to us that because they were hands-on in their approach and spent a lot of time with people living at Credenhill Court, they had not had time to dedicate to quality assurance. People and staff confirmed the registered manager spent a lot of their working day with people, and we saw this throughout our inspection. However, registered providers are required to have systems in place which assess, monitor and improve the quality and safety of the service provided to people. At this inspection, we could not be assured there were such systems in place. For example, the issues highlighted about safe medication administration had only been identified and addressed as a result of our inspection. Prior to this inspection, no medication audits had taken place over a period of eight months. Additionally, the issue about safe recruitment practices had only been addressed after we had contacted the registered manager about this specific concern, prior to our inspection. This demonstrated to us the provider did not have effective quality assurance systems in place to identify such concerns themselves.

Registered providers are required to maintain accurate, complete and contemporaneous records in respect of people's care. At this inspection, we found that people's care plans had not been reviewed or updated, and they contained inaccurate information. For example, one person's care plan recorded the person had a diagnosis of epilepsy. There was no epilepsy care plan in place about how to keep this person safe. When we queried this with the registered manager, they contacted the person's GP to clarify this diagnosis. Following this conversation, it transpired the person did not have this condition. By incorrectly ascribing clinical diagnoses to people, this placed them at risk of receiving inappropriate or unnecessary care, treatment and medical intervention. This person's care records were updated immediately.

We looked at the mental health care plan for one person staff said they had concerns about. There was no information about this person's condition and how they should be cared for. We discussed this with the registered manager, who was able to tell us what health professionals the person was under, what action had been taken, what medication reviews had taken place and how they were keeping this person safe and well. However, none of this information had been recorded in the person's care plan. Another person's care plan stated, "see previous medical history", but this section of their care plan was blank, This was not in keeping with good practice, as staff should be able to rely on people's care plans as a guide for how to care for people and meet their needs. As no care plan audits were taking place, these issues had not been identified, The registered manager told us that updating people's care plans and their risk assessments was

a priority.

We spoke with the provider about these concerns and explained to them that their systems were not effective. The provider acknowledged these concerns, and told us they would be employing a deputy manager imminently in order to provide support to the registered manager and to ensure that quality assurance audits were routinely carried out and acted upon.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider carried out their own monthly quality assurance visits to the home. Following these visits, improvements had been made to the premises, for the benefit of people living in the home. This had included redecorating and refurbishing bedrooms with 'dementia-friendly' furniture; installing a new fire system; having an external health and safety adviser carry out regular audits with plans for action; introducing a new 'nurse call' system; and replacing carpeting and flooring within the home. The provider told us they would continue to make improvements throughout the home to ensure people's safety and enhance their quality of life.

We spoke with the registered manager about the provider's approach to equality, diversity and human rights. The registered manager told us the provider was an inclusive provider, and that diversity was respected amongst both people living at Credenhill Court, and staff working there. The registered manager told us there were currently no same-sex couples living at the home, but they would be welcomed and actively encouraged to move to the home. The registered manager told us, "We don't see labels; we just see people." Staff received training in equality, diversity and human rights as part of their ongoing training and development.

The registered manager had developed links with the local community for the benefit of people living at Credenhill Court. Volunteers visited the home as part of their Duke of Edinburgh scheme, which people enjoyed. Recently, a Halloween party had been held at the home, which local children had attended. We saw photographs from the event, and people told us they had enjoyed playing with the children. One person told us, "They (the children) bring so much joy and spirit to the place." Another person fondly told us how they and the children had enjoyed filling the room with balloons and then playing with these. A relative we spoke with praised the "pleasant" environment at the home, which they told us the registered manager and staff worked hard to maintain for people.

Staff we spoke with knew how to raise a whistle-blowing concern, in the event they witnessed any unsafe or abusive practice at the home. The provider's whistle-blowing policy had been made available to all staff, and they told us they would not have any reservations in raising a concern. Staff also knew they could contact the local authority or the Care Quality Commission, should they feel this to be necessary. Staff we spoke with felt positive about the running of the home, and about its values and ethos. One member of staff we spoke with told us, "It (the home) is run to be in the best interests of the residents; the residents come first." Another member of staff told us, " [Registered manager] goes above and beyond to make everyone feel welcome and at home."

The registered provider had displayed the current Care Quality Commission rating clearly and conspicuously at the home for people, staff and visitors to see. Registered providers are required by law to ensure this rating is displayed both at the premises and on any promotional materials used about the service.

The registered manager and the provider understood their requirements in regard to submitting statutory

notifications to the Care Quality Commission. Statutory notifications are reports of incidents regarding people's health, safety and wellbeing, as well as incidents affecting the day-to-day running of the home. These form an important part of our ongoing monitoring of services. Where appropriate, these notifications had been submitted appropriately.