HC-One Limited

Acacia Care Centre

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

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

We inspected on 10 April 2018 and the visit was unannounced. This meant the staff and the provider did not know we would be visiting.

Acacia Care Centre provides nursing, personal care and accommodation for up to 58 older people. On the day of our inspection there were 41 people living at the service. At the last inspection in January 2016, the service was rated 'Good'. At this inspection, we found the evidence continued to support the rating of 'Good' and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe living at Acacia Care Centre. Relatives we spoke with agreed they were safe living there. The staff team understood their responsibilities for keeping people safe. They were aware of what to look out for and what to do, if they suspected that someone was at risk of harm.

People's needs had been identified and the risks associated with their care and support had been assessed and reviewed. There were arrangements in place to make sure action was taken and lessons learned when things went wrong to improve safety across the service.

Appropriate checks had been carried out when new members of staff had been employed to check they were suitable to work at the service. Staff members had received an appropriate induction into the service and relevant training had been provided. This enabled them to properly support the people using the service.

People told us there were enough staff members to meet their current needs. They told us the staff team were kind and caring and they were treated in a respectful manner. They told us their care and support was provided in a way they preferred and their consent was always obtained. The staff team supported people to make decisions about their day to day care and support. They were aware of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) ensuring people's human rights were protected.

Plans of care had been developed and the staff team knew the needs of the people they were supporting

well. People received their medicines as prescribed and there were appropriate systems in place to audit the management of medicines.

People were provided with a clean and comfortable place to live and there were appropriate spaces to enable people to either spend time with others, or on their own. The staff team had received training in the prevention and control of infection and the necessary protective personal equipment was available.

People were supported to maintain good health. They were supported to access relevant healthcare services such as doctors and community nurses when needed and they received on-going healthcare support. Nutritional assessments had been carried out and people were supported to maintain a healthy, balanced diet. For people who had been assessed to be at risk of not getting the food and drink they needed to keep them well, appropriate records were kept so this could be monitored.

A formal complaints process was displayed and people knew who to talk to if they had a concern of any kind. Complaints received by the registered manager had been appropriately managed and resolved.

People were appropriately supported at the end of their life. They were supported to develop an end of life plan of care and the staff team had received training to enable them to provide the care and support people wanted and wished for.

Relatives and friends were encouraged to visit and they told us that they were made welcome at all times by the staff team.

Staff meetings and meetings for the people using the service and their relatives had been held. These provided people with the opportunity to have a say and to be involved in how the service was run. Surveys had also been used to gather people's feedback.

The registered manager and management team monitored the service being provided to make sure people received the safe care and support they required. The staff team felt supported by the registered manager and the management team. They felt able to speak with them if they had an issue or concern of any kind and they felt listened too.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains safe.	**Good**
Is the service effective? The service remains effective.	**Good**
Is the service caring? The service remains caring.	**Good**
Is the service responsive? The service remains responsive.	**Good**
Is the service well-led? The service remains well led.	**Good**

Acacia Care Centre

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 10 April 2018. Our visit was unannounced. The inspection was carried out by one inspector, a specialist nurse advisor 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. Their area of expertise was people with dementia.

Before the inspection, the provider completed a Provider Information Return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report. We also reviewed information we held about the service such as notifications, these are events which happened in the service that the provider is required to tell us about.

We contacted the health and social care commissioners who monitor the care and support of people receiving care at Acacia Care Centre to obtain their views of the care provided. We also contacted Healthwatch Nottinghamshire, the local consumer champion for people using adult social care services to see if they had any feedback. We used this information to inform our judgement of the service.

At the time of our inspection there were 41 people living at the service. We were able to speak with eleven people living there and seven relatives of other people living there. We also spoke with the registered manager, two registered nurses, a nursing assistant, two care workers, the assistant cook, the kitchen assistant and two visiting professionals.

We observed support being provided in the communal areas of the service. This was so we could understand people's experiences. By observing the care received, we could determine whether or not they were comfortable with the support they were provided with.

We reviewed a range of records about people's care and how the service was managed. This included seven people's plans of care. We also looked at associated documents including risk assessments. We looked at records of meetings, recruitment checks carried out for three support workers and the quality assurance audits the management team had completed.

Good

Is the service safe?

Our findings

People continued to feel safe living at Acacia Care Centre and felt safe with the staff team who supported them. One person told us, "I've a button, if I press it they come quickly, I've fallen a few times and they've found me quickly." A relative told us, "Safe, absolutely, because the staff are attentive, they [people using the service] are well observed."

The management team knew the actions they needed to take to keep people safe including referring any safeguarding concerns to the local authority and CQC. The staff team had received training in the safeguarding of adults and were aware of their responsibilities for keeping people safe from avoidable harm.

Individual risk assessments had been completed to assess risks to people's health and safety such as their risk of developing pressure ulcers, nutritional risks and risk of choking and falls. When bed rails were used to prevent a person falling out of bed, a risk assessment had been completed to ensure they could be used safely. The assessments identified the action the staff team were to take to reduce the risks identified and these had been reviewed.

Appropriate checks had been carried out when new members of staff had been employed. This included carrying out a check with the Disclosure and Barring Scheme (DBS) This check provided information as to whether someone was suitable to work at the service. Checks had also been carried out to make sure the nurses working at the service had an up to date registration with the Nursing and Midwifery Council (NMC). Nurses can only practice as nurses if they are registered with the NMC.

Staff rotas were planned in advance and demonstrated there were enough nursing and care staff allocated on each shift to provide the care and support people needed. There was a skill mix of staff, which meant peoples diverse needs were met by a staff team who were knowledgeable and able to deliver people's care safely. People felt there were enough staff members available to meet their needs. A relative told us, "My family member is safe, when they were at home the carers couldn't get them to shower or anything, now they are ok. They bring the big hoist, they know what they are doing, there's always two of them. They say they are going to do this or do that, always talking to them."

Regular safety checks had been carried out on the environment and the equipment used for people's care and support. Checks had been carried out on the hot water to ensure it was delivered at a safe temperature and fire safety checks and fire drills had been carried out. There were personal emergency evacuation plans in people's plans of care and a continuity plan was in place. These provided the staff team with information to follow should an emergency or untoward event occur.

People received their medicines in a safe way. One person told us, "The nurses come in here and give me them, they don't leave them, they make sure you take them." Medicines administration records (MARs) contained a photograph of the person to aid identification and a record of allergies and the person's preferences for taking their medicines was also included. Protocols were in place for medicines prescribed

to be given only as required (PRN). Liquid medicines and topical ointments and creams were labelled with the date of opening to ensure they were used within the timeframe required. An appropriate system was in place for the receipt and return of people's medicines and an auditing process was carried out to ensure people's medicines were handled in line with the provider's policies and procedures.

The staff team had received training on infection control and followed best practice guidance in preventing the spread of infection. Personal protective equipment such as gloves, aprons and hand gel were readily available and used. The service was clean and tidy and regular cleaning had taken place. A relative told us, "It's very clean, they are always cleaning, spraying. There's no smells, it's the first thing you notice, [relative] room is always clean, the bedding is spotless." The service had a five star food hygiene rating. This showed the service demonstrated good food hygiene standards.

The staff team were encouraged to report incidents and the registered manager ensured lessons were learned and improvements were made when things went wrong. During our visit, it was noted that the equipment used for one of the people using the service who had been identified at risk of falling, had been incorrectly set. This meant the staff team had not attended to them straight away. This was immediately addressed by the registered manager and the staff team were informed. Incidents had been shared with the staff team through both one to one sessions and group meetings to ensure they did not reoccur.

Good

Is the service effective?

Our findings

People's individual and diverse needs had been assessed prior to them moving into the service. The registered manager explained an assessment of need was always completed to make sure the person's needs could be met by the staff team. It was evident during our visit that the staff team knew the needs of the people they were supporting well.

Care, treatment and support was provided in line with national guidance and best practice guidelines. For example, the staff team used the Nottinghamshire County Council 'Skin Matters' guidance for preventing pressure ulcers. The provider had a policy and guidance on pressure ulcer prevention and wound care and wounds were assessed regularly and progress documented. When the staff team identified issues with wound healing they contacted the community tissue viability nurse for advice. The care records of a person with diabetes contained a fact sheet about diabetes printed from a respected national body.

People continued to receive care from a staff team that had the skills and knowledge to meet their individual needs. Staff members explained they had received an induction when they had first started working at the service and relevant training and regular updates had been received. This included training in the safeguarding of adults, moving and handling, health and safety and equality and diversity. This meant the staff team could support the people using the service safely and effectively. One support worker explained. "The manager spots potential in staff and will encourage them to develop further." Nurses working at the service had been supported by the registered manager to meet their requirements for revalidation and maintain their professional registration. A relative told us, "The staff know what they are doing, they just calm them down, talk gently, it seems all in a day's work, they seem well trained."

The staff team received support through regular supervisions, and an annual appraisal of their performance was carried out.

Nutritional risk assessments and plans of care were developed for people's eating and drinking requirements. Records showed people's weight was monitored monthly. When people were at risk of losing weight or required assistance from staff, records were kept of the amount they ate and drank. These records were generally well maintained and indicated people were receiving enough to eat and drink. Catering staff were aware of people's dietary needs and had a list of the special dietary requirements of each person living at the service. Milkshakes were provided and they used full fat milk and fortified food with cream where appropriate. Halal food was provided for those requiring it and meals for people from a non-English background such as Caribbean meals were provided.

There was a choice of meals each day and alternatives were available should anyone wish for something different. There were snacks and drinks available throughout the day. People told us the food was good. A relative told us, "The food is nice, they are very accommodating. [Relative] does not want to eat and they are very good, they encourage them, give them different things. If [relative] doesn't like something they'll try something else. They amend the menu to suit them."

Any change in people's health was recognised quickly by staff and prompt and appropriate referrals were made to healthcare professionals. People had regular access to healthcare professionals and staff sought the appropriate advice when needed.

The premises were adapted to meet people's needs. There were a variety of communal areas of differing sizes to allow people to be with a large group of people and to facilitate group activities or quieter areas where people could be alone. Good signage for facilities such as bathrooms and toilets aided identification for people living with dementia.

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. The registered manager and staff team understood their roles in ensuring people's capacity to make decisions was assessed and staff ensured they received people's consent before delivering care. 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). The registered manager was working within the principles of the MCA. The staff team had received training in the MCA and DoLS and they understood their responsibilities within this.

Good

Is the service caring?

Our findings

People continued to experience positive caring relationships with the staff team. They told us staff members were caring and supportive towards them. One person told us, "I like it, the people [staff] are decent, they are kind, I'd report it if they weren't." A relative explained, "They are all very kind, very gentle." Another told us, "They [staff team] have always got a smile on their face, one of the things we notice is the way they talk to people, touch them, calm them, know what to say. They never talk down to them. Take [person using the service], she has a doll and thinks it's a baby. Staff go along with that but in a kind way and she responds to that."

The staff team had the time to provide people with the emotional support they needed when they needed it. We observed one staff member sitting chatting with a person who was cuddling a doll. The carer was stroking the person's arm and making positive comments about the doll and the person appeared to be enjoying the attention. Another staff member was taking a person into the dining room in a wheelchair. The carer was chatting to the person in a relaxed, friendly manner and the person was responding with smiles.

The staff team had the information they needed to provide individualised care and support. They were knowledgeable about people's history. They knew people's preferred routines and the people who were important to them. They knew their likes and dislikes and personal preferences including what they liked to be called. A relative told us, "When [relative] came, they asked all about them, what they liked, what their interests were. They let me bring things in to make them feel more at home, we brought their chair."

The registered manager told us the staff team went above and beyond the provider's expectation to provide people with the care and support they needed. One of the people using the service was supported to spend as much time as possible with their relative. The relative had cared for the person using the service until they experienced ill health and was no longer able to look after them. The staff team provided meals and refreshment to the relative on daily basis. The person using the service had been anxious and worried about their relative. The support provided to the relative enabled them to spend time with the person using the service and this had had a positive impact on their overall health. Another person using the service who had no family, was supported by the staff team. They visited the person on their day off to carry out shopping for them and make sure they had the things they needed.

Staff understood the importance of promoting equality and diversity, respecting people's religious beliefs, and their personal preferences and choices. Plans of care demonstrated people and/or their relatives had been actively involved in making decisions about their care and support and were asked to take part in reviews. We saw one care record documented the person did not wish to be involved in the reviews and another showed evidence of the involvement of a person's family member. A member of staff told us, "We sit with them and chat with them about their care and where appropriate we include their family in the discussion."

Throughout our visit we observed positive social interactions between the staff team, people using the service and their families and friends. People were treated in a kindly, caring and non-patronising manner.

Staff member's engagement with people was over and above that required to carry out tasks. Staff responded to, and engaged with people as they moved about the home. Time was spent chatting with people. For example, we observed one staff member spending time chatting with a visiting family member in the lounge. We saw that the relative was comfortable with the staff member and there was a lot of laughter and friendly banter. It was obvious the carer knew both the person using the service and the relative and this was the norm.

The staff team had developed positive relationships with the people using the service. People's life stories and important occasions were valued and celebrated throughout the year. "Remembering together" booklets had been completed with people and their relatives to capture information about them. One relative told us, "I am exceptionally happy with the care being given to my [relative]. Everyone who works there from the manager, secretary, carers, cleaners, cooks to the handyman/driver all greet you with a smile and a hello. They are always willing to chat or give updates on how [relative] has been. The family recently attended a party for [relative's] 85th birthday; it was fantastic and all organised by the activities coordinator. The singer was excellent and the decorations were very good. Most of all, it was lovely to see how attentive everyone was to us as a family and the residents."

The service had developed relationships with the local university, schools and colleges and a number of volunteers were supporting the people using the service. The volunteers played an important role in the supporting of people. They provided companionship and helped people get involved in social activities that had a positive impact on their quality of life.

People told us they were treated with respect and their dignity was maintained. One person explained, "I have a bath and a shower. They [staff] treat me right, are kind and gentle. I wouldn't tolerate it if they weren't. They maintain my dignity, they shut doors and they call me [forename] but with respect". Another told us, "They talk to me alright, they are very respectful."

The staff team had identified people with no family support who may have benefited from an advocate. We spoke to a visiting advocate who told us the staff team were proactive in identifying people who required some support. They explained staff engaged well with them and tried to resolve any issues identified.

Relatives and friends were encouraged to visit and they told us they were made most welcome and could visit at any time. One relative explained, "There's no restrictions, we can come in at any time, the manager told us this is [relative] home so I should treat it as my home when I'm here. I can have dinner here if I want, I feel that the minute you walk through the door it's friendly, welcoming and nice." Another told us "It's a pleasure to come here, they [staff] make you feel so welcome. Even the laundry lady takes time to talk to you, always comes and says hello."

The service recognised the importance of involvement from relatives. It strongly believed in encouraging people to maintain links with family, friends and the local community. The service had its own transport and driver and this was regularly used to take people on shopping trips and places of interest. The staff team and volunteers were always happy to support the people using the service to access outside events and activities.

Good

Is the service responsive?

Our findings

People continued to be involved in the planning of their care with the support of their relatives. A relative explained, "Yes, we've gone over it two or three times [plan of care], we sat down and talked about it." People had been visited prior to them moving into the service so their care and support needs could be assessed. This provided the registered manager with the opportunity to determine whether the person's needs could be properly met by the staff team. From the initial assessment, a plan of care had been developed.

People's plans of care included information about their past lives, their spiritual needs and the hobbies and interests they enjoyed. This ensured staff had an understanding of people's life history and what was most important to them. Because of this information the staff team were able to interact with people in a meaningful way.

A person had been admitted to the service six days prior to our inspection. A member of the staff team had completed an initial 'seven day care plan for new admissions'. This provided key information about the person's care and support needs in each of the activities of daily living and which linked with their initial assessment. People who had been living at the service for longer had a full range of plans which provided more detailed information about their needs and preferences in relation to the care and support they required.

Plans of care for people's health needs such as diabetes, or enteral nutrition (food given via a tube) contained most of the information required; however, we identified some missing information in a small number of them. For example, a person's care records did not contain information about the management of the enteral feeding tube and care of the skin site surrounding the tube or how to manage blockages of the tube. A person's urinary catheter plan of care did not contain information about the type and size of the catheter and what to do if the catheter blocked. It was evident in both cases that the correct care was being given, but the plans of care did not fully reflect this. We shared this with the registered manager who immediately addressed the plans of care in question.

Communication plans identified people's communication needs. For example, a person's first language was not English although they were able to speak English fluently. Their plan of care highlighted this for staff and stated the person should be reminded to speak English and if necessary, an electronic translation aid could be used to aid communication.

Staff gave us examples of their awareness of cultural differences, things which may be important to people of different cultures and how they took steps to respect these. For example, they spoke about how the colours of a person's clothing (their sari) had cultural significance and staff took steps to ensure the colour was appropriate to the day of the week or occasion.

People were supported to follow their interests and take part in activities. The service employed an activity coordinator who provided people with opportunities to engage in activities on a group or one to one basis.

One person told us, "I read, do sewing, with the activity lady we do throwing balls and quoits". The staff team talked about taking people out of the service on external visits such as an annual Red Cross boat trip, visits to a local farm centre, the garden centre, arboretum and a local coffee shop. A member of staff said, "People sleep much better after they have been out in the fresh air."

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publically funded care to ensure people with a disability or sensory loss can access and understand information they are given .The provider understood their responsibility to comply with the AIS and was able to access information regarding the service in different formats to meet people's diverse needs. Staff knew people well and knew how each person communicated.

A formal complaints process was in place and people we spoke with knew who to talk to if they were unhappy about anything. A relative told us, "If I had any real issues I'd see the manager, he's very approachable but I haven't had to do that."

People had been provided with the opportunity to discuss end of life plans with the management team. One relative explained, "We have just discussed an end of life plan, they have pointed out the issues we needed to consider. He [registered manager] was both sensitive and practical." Another told us "Yes, we've taken advice and have sat down and discussed [relative's] care and end of life plan, what it would be like, what [relative] would like". We reviewed the end of life plan of a person who had recently passed away at the service. It provided a good level of detail about the person's preferences, how their symptoms were being controlled and how to support them with their personal and emotional care at the end of their life.

Good

Is the service well-led?

Our findings

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People spoke extremely positively about the registered manager and the staff team. One person told us, "He [registered manager] is lovely, he is kind to me. He comes and kneels down so he is on my level, he's very good." Relatives agreed and had only positive things to say. One relative stated, "He [registered manager] comes to you when you come in, always talks to you, wants to know if you have any problems. The staff are the same though really, you can't say anything wrong with this place." Another explained, "Since [registered manager] took over it is 100% better, it wasn't bad before but it wasn't up to the standard it is now." A third shared, "The first visit, unannounced, revealed a clean well organized and friendly place. Fifteen months on and the family feel that the care given and the facilities are first class. We are not frightened to complain, but had no cause to, unlike at the other care homes. With an attitude to do even better, this should be a blueprint for all other care homes. Thank you!"

The registered manager had a clear vision of the service and this was closely shared by all the staff team. They fostered a 'One Team' approach at the service. This ensured positive outcomes for the people using the service and provided an environment where staff were empowered and felt valued.

Staff members told us of the enthusiasm of the registered manager and their passion for improving things for the people using the service. One staff member explained, "Staff morale is very good, we have such a supportive staff group and that's mostly down to the manager's attitude, because we feel so free to speak to the manager there is an air of continuous improvement in the home."

Staff members told us they enjoyed working at the service. One explained, "I am so happy here. We all have an attachment to the home." Another told us, "We have close relationships with all the residents, relatives, other staff and all the stakeholders. We all [staff] feel as though we are part of managing the service and you are appreciated."

There were procedures in place, which enabled and supported the staff team to provide consistent care and support. Staff demonstrated their knowledge and understanding around such things as whistleblowing, safeguarding, equalities, diversity and human rights. The supervision process and training programme in place ensured the staff team received the level of support they needed and kept their knowledge and skills up to date.

There was a culture of openness and transparency demonstrated by the registered manager's proactive approach in encouraging people and their families to feedback about the service. Meetings had been held for the people using the service and their relatives and surveys had also been used to gather people's views of the service provided. Feedback seen following the most recent surveys obtained in March 2018 included

only positive responses. These included, "Very friendly care home and staff are excellent at their job, care and activities are very good." And, "I am very happy with my room and the staff are extremely kind people."

The registered manager employed an open door policy and people using the service, staff and relatives were welcomed at any time. They also held a manager's surgery once a month for relatives who only visited in the evenings. The family of one of the people using the service could only visit on Tuesday evenings. The registered manager accommodated this and enabled the family to share their thoughts of the service.

The staff team were provided with regular monthly meetings. The minutes of meetings confirmed staff had the opportunity to raise concerns, share ideas around good practice and learn together from any outcomes to safeguarding investigations or complaints. At the last team meeting it was brought up that senior members of the team were sometimes giving out different messages, causing confusion. Following this comment, the registered manager decided to hold regular senior meetings as well as full staff meetings to ensure consistency in communication throughout the staff team.

The registered manager had robust systems in place to monitor the quality and safety of the service. Monthly audits had been carried out on the paperwork held including people's plans of care, medicine records and records of pressure ulcers, weights and falls. Records showed where issues had been identified, action had been taken.

The registered manager completed twice daily walk a bouts to check the quality of the service. Daily flash meetings were also held with the heads of departments to discuss important issues and communicate relevant information.

The registered manager and management team worked in partnership with commissioners, the local authority safeguarding team and other healthcare professionals to ensure people received care that was consistent with their assessed needs.

Incidents and accidents that happened at the service had been monitored. When an incident or accident had occurred, these had been investigated and control measures put in place to reduce the risk of these happening again. Falls were also being monitored on a monthly basis. These were again being analysed to identify any trends.

A copy of the provider's philosophy of care and statement of purpose were displayed at the service for people to view. Members of the staff team we spoke with were aware of the provider's aims and objectives and told us this was what they worked to achieve. One staff member explained, "We are aspiring to be a top home and we want to be classed as 5 star." Another explained, "Our aim is to be the best care home and to really care for people and their individual needs."

The registered manager celebrated and encouraged the staff team. People using the service, relatives and staff members were able to nominate staff members for kindness in care awards. Recently relatives had nominated four members of staff for the kindness and care they had shown their relatives.

The registered manager understood their legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred or affected people who used the service. This was important because it meant we were kept informed and we could check whether the appropriate action had been taken in response to these events.

The registered manager was aware of their responsibility to have on display the rating from their last

inspection. We saw the rating was clearly on display on the provider's website and within the service. The provider is required to display their latest CQC inspection rating so that people, visitors and those seeking information about the service can be informed of our judgments.