Fridhem Rest Home Limited

Fridhem Rest Home

Inspection report

79 Station Road
Heacham
Kings Lynn
Norfolk
PE31 7AB

Tel: 01485571455

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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

This inspection took place on 22 and 23 August 2017 and was unannounced on the first day. We returned the following day to complete this and we gave the provider notice of this.

Fridhem Rest Home provides accommodation and personal care for up to 25 older people, some of whom may be living with dementia. There were 21 people living at the home when we visited.

There was a registered manager working 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 of the Health and Social Care Act and associated Regulations about how the home is run. Two managers run the service, who are also owners of the business, one of them is the registered manager. The registered manager was not available on the first day of the inspection, however, the other home manager was. We met with the registered manager on the second day of the inspection.

We last inspected the service in June 2016 and found some shortfalls in the service provided. The provider was not meeting the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At that inspection, we also found that the systems in place to monitor or assess the quality and safety of the service provided were not effective. Accidents and incidents were logged, but analysis of this information was not completed which could identify any emerging themes or trends.

We asked the provider to provide an action plan to explain how they were going to make improvements to the home. At this inspection, we found that improvements had been made.

Staff knew how to keep people safe from abuse. Staff were confident that if they had any concerns they would be addressed quickly by the registered manager. Risks to people had been assessed and regularly reviewed. Actions had been taken to mitigate these where necessary. Checks had been made on the environment to ensure the service was safe. Equipment to support people with their mobility, such as hoists had been checked to ensure people were safe.

There were enough staff to ensure people were safe and had their needs met in a timely way. Medicines were stored safely, people received their medicines when they needed them

Staff received training to make sure they had the skills and knowledge to carry out their roles. Specialist training such as diabetes and supporting people living with dementia had been completed.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack 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.

Staff understood their responsibilities under MCA, people's capacity had been assessed and when required best interests meetings had been held and recorded. Staff encouraged people to make decisions about their day-to-day care and remain as independent as possible.

People told us that they enjoyed the food. People had a choice of meals and were supported to maintain a healthy diet in line with their choices, preferences and any healthcare needs. People's health was assessed and monitored. Staff took prompt action when they noticed any changes or decline in health. Staff worked closely with health professionals and followed guidance given to them to ensure people received safe and effective care.

People's dignity and privacy was maintained by staff. People told us staff were kind and caring. Staff spent time with people and were genuinely interested in them and what they wanted to say. Staff explained how they maintained people's dignity and how they encouraged choice.

There was a programme of activities available for people to enjoy. People were able to access the community regularly including outings further afield in the homes own mini bus. Care plans were detailed and had been reviewed regularly and up dated to reflect people's changing needs.

Information about how to complain was on display in the service. People and relatives knew how to complain and were confident that any concerns they had would be listened to and acted on.

Audits were in place to monitor the quality of the service people received. When improvements or developments were identified, action were taken to address and implement these. Accident and incidents were recorded and reviewed by the home's managers. These were analysed to identify any patterns or trends and plans were put in place to reduce the risk of them happening again in the future.

Staff told us that they felt supported by the home's managers and that the home was a good place to work. Staff were clear that the home's managers wanted to run a high quality service. Staff understood their roles and responsibilities and the vision of the service by treating people with dignity, respect and ensuring people had a voice.

Staff supported people to maintain friendships and relationships. People's friends and family could visit when they wanted and there were no restrictions on the time of day. People, staff and relatives received an annual survey to enable them to voice their opinions of the service and these were acted on. Staff and relatives meetings were held regularly.

Services that provide health and social care to people are required to inform the Care Quality Commission CQC) of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Potential risks to people were assessed and there was guidance for staff on how to reduce risks. Staff knew how to keep people safe and how to recognise and respond to abuse.

People received their medicines safely and on time. Medicines were stored and managed safely.

There were enough staff to meet people's needs. Staff were recruited safely.

Is the service effective?

Good

The service was effective.

Staff completed regular training, had one to one meetings and an annual appraisal to discuss their personal development.

People were supported to make decisions. Staff understood the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards.

People's health was assessed, monitored and reviewed. Staff worked with health professionals to make sure people's health care needs were met.

People had enough to eat and drink and enjoyed a choice of meals.

Is the service caring?

Good

The service was caring.

Staff were compassionate and kind. They promoted people's dignity and treated them with respect.

Staff knew people well and knew how people preferred to be supported.

Is the service responsive?

Good

The service was responsive.

Each person had a care plan, which centred on them and their wishes. People told us they had been involved in planning their care if they wanted to be. Care plans were reviewed regularly.

There was an extensive range of activities on offer for people to enjoy.

People knew how to complain. Complaints received had been responded to and resolved in a timely manner.

Is the service well-led?

Good

The service was well-led.

People, relatives and staff were asked their views on the service provided.

There was an open and transparent culture. People, relatives and staff were encouraged to make suggestions to improve the service.

Effective audits were completed. Actions were taken when shortfalls were identified. The managers had a continuous development plan for the home.

Notifications had been submitted to the Care Quality Commission in line with guidance.

Fridhem 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 with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 22 and 23 August 2017 and was unannounced on the first day and announced on the second. This inspection was carried out by one inspector and an expert by experience. An expert by experience is someone who has knowledge and understanding of residential services or caring for someone who uses this type of care service.

Before the inspection, we looked at previous inspection reports and notifications. Notifications are information we receive from the service when significant events happen. We also spoke with the local authority quality monitoring team and asked them for their views.

We spoke with four people who live at the home, two relatives, four members of staff, and the home's two managers, one of whom was the registered manager.

We looked at how people were supported throughout the day with their daily routines and activities.

We looked at a range of other records, including safety checks, three staff files and records about how the quality of the service was managed. We reviewed three people's care plans and associated risk assessments.

Good

Is the service safe?

Our findings

At our last inspection, we rated this key question as 'Good'. At this inspection, we found that 'Safe' remains 'Good.'

People told us that they felt safe living at the service. One person told us, "I feel safe because staff are always very attentive and if there's anything wrong they probably notice it before I do." Another commented, "I feel safe because there's always someone around." A relative told us, I'm sure [relative] is safe, there are alarms and there's always the staff."

People were protected from the risks of abuse. Staff knew what to do if they suspected any incidents of abuse. Staff told us that they were confident they could speak to either of the managers if they had a concern and that they would be listened to and action taken. Staff understood how to report concerns to outside agencies if they felt that they were not being dealt with appropriately. Staff told us they would contact the Care Quality Commission (CQC) or the local authority if they had a concern they felt was not being addressed. The registered manager had raised safeguarding alerts with the appropriate agencies, such as the local authority safeguarding team, in a timely manner.

The risks involved in delivering people's care had been assessed to help keep them safe. We found individual risks had been assessed and recorded in people's support plans. Guidance had been provided to staff on how to manage risks in a consistent manner. Examples of risk assessments relating to personal care included moving and handling, nutrition and hydration, pressure areas, and falls. Records showed the risk assessments were reviewed and updated on a monthly basis or in line with changing needs. This meant staff had up-to-date information about how to manage and minimise risks.

People's mobility had been assessed. Moving and handling risk assessments were in place. The risk assessment contained step by step guidance for staff about how to move people including the type of hoist, size of sling to use and how to position the person. A number or people living in the home used a walking frame to mobilise. These had been named and tags with photos of the owner attached to them, this was to help people identify which was their frame.

We saw records were kept in relation to any accidents or incidents that had occurred at the service, including falls. All accident and incident records were checked and investigated by one of the home's managers to make sure that responses were effective. They identified if any changes could be made to prevent incidents happening again. The registered manager had made referrals as appropriate, for example to the falls team or the person's GP. They also carried out an analysis of accidents involving falls in order to identify any patterns or trends. If these were identified action had been taken to reduce the risk of them happening again.

Regular fire safety checks had been completed including smoke detectors and fire extinguishers to help ensure they would work properly in an emergency. There was a fire risk assessment in place and records showed that staff had received training in fire safety awareness to help promote people's safety.

Checks were completed to ensure the safety of the premises and equipment such as the lift, gas and electrical appliances. Environmental risk assessments were in place for all areas of the service. When shortfalls had been identified, action was taken to rectify the issue. There was on-going maintenance to improve the environment of the service for people.

People and their relatives told us that they felt that there was enough staff on duty to keep them safe and meet people's needs. One person told us, "They're very quick if you do ring the alarm. I rarely say never, but I've never been left in discomfort." Another person told us, "I think there is enough staff." A relative who was a frequent visitor to the home, said, "There seems to be enough staff."

The home had a rota indicating which staff were on duty during the day and night. We noted this was updated and changed in response to staff absence. Staff spoken with confirmed they usually had time to spend chatting with people living in the home. During the inspection, we observed staff responded promptly to people's needs and had time to participate in an activity. We saw evidence to demonstrate the registered manager continually reviewed the level of staff based on people's level of dependency. In addition to the care staff, there were also ancillary staff including a cook, an administrator, maintenance and cleaning staff.

The registered manager had followed safe recruitment practices. We looked at the recruitment records of three staff members and spoke with a member of staff about their recruitment experiences. The recruitment process included a written application form and a face-to-face interview. The applicants were asked a series of questions at the interview which were designed to assess their knowledge and suitability for the post. Recruitment checks were completed to make sure staff were suitable to work with people. These checks included written references and a full employment history and interviews took place. Disclosure and Barring Service (DBS) criminal records check had been completed for all staff before they began working at the service. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable staff from working with people who use care services.

People and their relatives told us that they received their medicines on time. Supporting information was available to assist staff when giving medicines to individual people. There was personal identification information on each person's record to help ensure medicines were administered to the right people and information about how they preferred to take their medicines.

When people were prescribed medicines on an 'as and when required' basis, there was written information available to show staff how and when to give them these medicines consistently and appropriately. Records showed that people living at the service were receiving their medicines as prescribed. Frequent internal audits were in place to enable staff to check records and monitor and account for medicines. These were overseen regularly by the home's managers.

Medicines were stored securely in individual locked cupboards in people's bedrooms. There were appropriate processes in place to ensure medicines were ordered, administered, stored and disposed of safely. Staff authorised to handle and administer people their medicines had received training and had been assessed as competent to do so

Good

Is the service effective?

Our findings

At our last inspection, we rated this key question as 'Requires improvement'. At this inspection, we have rated effective as Good.

At our last inspection, we found that although staff knew how to support people to make day-to-day decisions about their care, the principles of the Mental Capacity Act had not always been followed when some decisions had been made on behalf of people. This was a breach of Regulation 11of the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection, we found that the necessary improvements had been made and that the provider was no longer in breach of these Regulations.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

All of the staff we spoke with demonstrated they had an understanding of the MCA and worked within its principles when providing people with care. We noted that where required, people had a mental capacity assessment and where any issues had been identified a best interests meeting had been held. This was to ensure that any decisions made about a person's care, was done so by the appropriate people, and was to the benefit of the person.

Staff confirmed they asked for people's consent before providing care, explaining the reasons behind this and giving people enough time to think about their decision before taking action. We observed staff spoke with people and gained their consent before providing support or assistance. The registered manager understood when an application for a DoLS authorisation should be made and how to submit one. This ensured that people were not unlawfully restricted.

There was a programme of on-going training available for all staff, which included, safeguarding, moving people, safe handling of medicines and health and safety. Staff training records showed that staff completed their training in a timely manner. The variety of training offered meant that staff were supported to have the correct knowledge to provide effective care to the people. All staff spoken with told us the training was beneficial to their role. Staff received regular updates of their training to ensure that they continued to support people safely.

Before starting work at the service, staff completed an induction programme. New staff shadowed more experienced staff to get to know people and their choices and preferences. One new member of staff told us that they felt that the induction had been comprehensive and that they had been offered extra training and support where they felt they needed it. They told us that they did not feel under pressure to support people

without gaining the knowledge and confidence to do so first. They went on to say experienced staff had supported them which had been beneficial in getting to know the people living at the home. Staff where supported to complete the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

The home's managers were available to support staff on a day-to-day basis. Staff told us that they met with their line manager on a one-to-one basis regularly to discuss any concerns they may have. Staff received a yearly appraisal where they discussed their training needs and development. Staff told us that they felt supported and could approach the home's managers at any time.

We received generally positive feedback about the food provided at the home. One person said, "The food on the whole is good, and if you particularly want something else, they will get it for you." Another person said, "The food is reasonable, some days are better than others."

People were able to choose where they wanted to eat their meals. Some people wanted to eat in their rooms while others chose to eat in the dining rooms. The lunch time meal was a social occasion, people sat with their friends to chat while they were eating. One person decided to sit by themselves and this was respected by staff. Staff joined people for lunch but asked for their permission to join their table before doing so. The manager told us that they encouraged staff to sit and eat with people and encourage conversation. They felt that this was a more friendly approach than having staff stand in the corner of the dining room, waiting for a person to ask for something. The main meal and puddings were served separately and people were able to eat at the pace that suited them. Choices of drinks including beer, wine and sherry were offered throughout the meal.

Weekly menus were planned and rotated every four weeks. The daily menu was displayed on menus on table in the dining area. People could choose where they wished to eat; some ate in their rooms, others in the dining areas. We observed lunch and saw that the dining tables were set with place settings and condiments. The meals looked appetising, and all meals were prepared daily from fresh ingredients. We observed that refreshments and snacks were offered throughout the day. These consisted of hot and cold drinks and a variety of cakes and biscuits.

People's weight and nutritional intake was monitored in line with their assessed level of risk and referrals had been made to the GP and dietician as needed. These risk assessments had been carried out to identify people at risk of malnutrition and dehydration. Staff monitored people's weights to make sure they remained as healthy as possible. When staff had a concern, they contacted health professionals, such as dieticians for advice and followed any guidance given. For example, some people had their meals fortified with full fat milk and butter to help them maintain a healthy weight. When people who required specialist diets like soft or pureed diets, the cook was aware of this and where possible ensured that they were given the same choice as other people. People who needed support to eat their meal were supported discreetly. Staff gave people time to eat at their own pace, and chatted to them during the meal.

People using the service and their relatives confirmed that health care from health professionals, such as the GP or dentist could be accessed as and when required. One person told us, "If I need a doctor, a visit will be arranged by the staff." Records showed people were registered with a GP and received care and support from other professionals, such as the district nursing team, as necessary. People and their relatives told us that the managers and staff kept them up to date about any health issues. One relative told us, "They ring me and let me know if my [family member] is not well."

Good

Is the service caring?

Our findings

At our last inspection, we rated this key question as 'Good'. At this inspection, we found that 'Caring' remains 'Good.'

People and their relatives told us that staff were kind and caring. People felt that staff knew them very well and understood what they wanted. One person said, "Oh yes, they understand me and know my needs, and they always treat me with dignity and respect." Another person told us, "I think the staff know me well, I'm amazed sometimes how quickly they pick up what your problems are. The staff are on the ball, there's no doubt about that."

Staff spoke to people in a kind and compassionate way. They showed an interest in people and what they had to say. Staff were patient with people when supporting them, and knew them well. Staff were motivated and confident in the how they supported people. People appeared to be relaxed and content in the company of staff, and we saw staff take the time to sit and talk with people. They supported people in a discreet and dignified way when giving support in communal areas. Some people chose to spend time alone in their room and this choice was respected by the staff.

Staff told us how they ensured people were supported in the way they prefer and were able to describe the care they gave to people and knew when people liked to get up and go to bed. One person told us, If I want a lie in, I tell the staff when they come and then when I'm ready to get up, I ring my bell and they fit me you in as soon as they can." Staff respected people's decisions, some people had requested that they were supported by only female carers, the person told us that this had always been respected.

People lived in an environment that was homely and sociable. People's rooms were personalised, they were comfortable and people had brought in personal items. Staff encouraged and supported people to remain as independent as possible for as long as possible. Care plans gave details of what people were able to do for themselves and their choices and preferences. Staff were able to describe what people were able to do for themselves.

The staff were knowledgeable about people's individual needs, backgrounds and personalities and were familiar with the content of people's care records. People were consulted about the care they needed and how they wished to receive it. People told us they were involved in developing and reviewing their support plans and their views were listened to and respected. The process of reviewing support plans helped people to express their views and be involved in decisions about their care. People were also able to express their views by means of daily conversations, residents' meetings and satisfaction surveys. People maintained friendships and relationships and told us their loved ones were able to visit when they wanted to and there were no restrictions.

People's information was treated confidentially. Personal records were stored securely. Staff had a good understanding of privacy and confidentiality and there were policies and procedures in place to underpin this.

We observed staff knocking on doors and waiting to enter people's rooms. There were policies and procedures for staff about caring for people in a dignified way. This helped to make sure staff understood how they should respect people's privacy, dignity and confidentiality in a care setting.

Good

Is the service responsive?

Our findings

At our last inspection, we rated this key question as 'Good'. At this inspection, we found that 'Responsive' remains 'Good.'

People told us they received care and support when they needed it and staff were responsive to their needs. People told us that if they had any concerns, that the managers were approachable and that they would feel comfortable in doing this. Relatives felt that their family member's needs were being met.

One of the home's managers met with people before they moved into the service. An assessment of the person's health care needs was completed to see if the service could meet the person's needs. Care plans were developed from assessments and discussions with people and their relatives.

Each person had a care plan that contained information about their needs and preferences. Care plans included details about people's health needs and risk assessments were in place and applicable to each person. Care plans included details about their personal care needs, mental health, communication, nutrition, medicines and health care needs.

Staff knew people well and told us about people's individual needs and preferences. Care plans gave details of people's choices about what they liked to wear and when they wanted to get up or go to bed. People had been involved in planning their care, where possible people had signed to confirm this. People told us that they had been involved in deciding on their care. One person told us that they knew they had a care plan and could see it if they wanted.

Care plans were reviewed monthly or sooner if required. When people's needs changed the care plan was amended to reflect this. For example, one person's fluctuating health meant they required a regular review of whether they could stand to transfer from their chair, or required the use of a hoist to do so. We saw in their care plan that this was regularly reassessed and their plan updated when this happened.

There was an extensive programme of activities for people to enjoy. People had the use of a minibus, which was adapted so that wheelchair users could access it. The home's managers told us that they used this because they felt it was important that people could get out on trips as much as possible. They also used this to support people to access medical appointments. People visited local attractions, such as the coast and seaside frequently, as well as a lavender farm and tearooms. People told us that they enjoyed these trips very much, especially those further afield. Some people had suggested the idea of a holiday short break. The managers told us they were in the process of arranging this.

People were able to choose from five different daily papers to read, and we saw staff sitting with people and reading these to them. Amongst other things, people were also able to participate in vegetable gardening, watching and joining in with entertainers, and a computer connected to the internet was available for people to use.

People's religious and cultural needs and preferences were recorded and respected. Regular church services were held including Holy Communion. People were supported to follow their chosen beliefs.

There was a procedure in place to record and investigate any complaints received. The complaints procedure was displayed in the front hall. There was a copy of the complaints procedure given to people when they moved into the home. There were comments and suggestion boxes in the hallway for people to use if they had any complaints.

People told us that they knew how to complain, they said, "If I wasn't happy I would speak to the managers." People told us they did not have any complaints about the service. Relatives and people told us that they felt confident that any complaints would be listened to and action would be taken to resolve the issue. The registered manager kept a log of any complaints received. They recorded what action had been taken, what the outcome was, and if any changes had been made in light of the concerns raised to continually improve the service.

Good

Is the service well-led?

Our findings

At the last inspection, the provider did not have effective systems in place to monitor and mitigate the risks relating to the health, safety and welfare of people and we rated this key question as requires improvement. At this inspection, improvements had been made and we rated well-led as good.

Staff, people and relatives told us that they thought the home provided very good care and support. One relative told us that they visited their relative very regularly and was always happy with what they saw when they came in. They said, "I still think this is the best home in the area." Staff told us that they felt supported and that they now worked as a team. One staff member newly recruited told us, "I love working here, the managers are approachable, you are really well supported, and are not made to do anything you are not comfortable to do. The staff are easy to get along with, they are all really bubbly, and really good at their jobs."

Records relating to people's care and support were now accurate and contained detailed guidance from healthcare professionals. Care plans contained detailed guidance for staff to support people and keep them safe.

There were now effective systems in place to monitor and mitigate the risks relating to the health and welfare of people. Accidents and incidents were analysed to identify patterns or trends and action had been taken to prevent them happening again.

The homes managers audited aspects of care monthly including infection control, medicines, care plans, pressure area care and the health and safety of the environment. Where it was identified there were shortfalls, action was taken to rectify the issue.

Staff told us that they felt supported by the home's managers. They worked closely with staff, providing support and guidance. The staff were clear about the standards that were expected of them and would be challenged and supported if there was a shortfall. Staff understood their roles and responsibilities; they understood people's needs and responded quickly to any changes. Staff understood the values of the service and the mangers desire to provide high quality and homely care. They were passionate about the care that they provided and ensuring that people were at the heart of the service.

The home's managers were visible at the service on a day-to-day basis and available at weekends and in the evenings to offer advice and support to staff. They had an 'open door' policy, people and relatives were comfortable to go into the office and chat about anything that was of concern to them. Relatives knew the managers by name.

The managers and staff communicated each day and discussed each person's care. Daily well-being sheets were completed; they recorded mood, health, fluids and appetite. We observed handovers between teams when shifts changed. The information shared was detailed and included subtle but important points for discussion. For example, one person's relative was unable to visit that day, so the person may have been

disappointed. Staff talked about the need to ensure that they monitored this person closely in case they became upset, and to offer lots of friendly and supportive care. This meeting was attended by one of the managers, and led by the senior carer for that shift. This meant that the management team were able to monitor each person and check that the appropriate action had been taken if changes were seen.

There registered manager had sent quality assurance questionnaires to people, their relatives and staff. The responses had been analysed and the managers used this to inform the home's development plan. We saw that the feedback from relatives was positive and included comments such as, "We couldn't ask for better staff" and "Impressed with the whole set up." We saw equally positive responses in the staff feedback such as, "Managers always helpful and understanding."

Resident and relatives meetings were held, but these had been poorly attended. People had consistently fed back they did not wish to attend meetings regarding the home. One person told us, "I would not attend a residents meeting, If I have anything to raise, then I prefer to do so privately." Relatives told us that they preferred to speak directly with the home's managers also. One told us, "I like the fact the managers are also the owners, so there is usually little or no delay in getting an answer to a query." Because of this feedback, the managers no longer ran the meetings. Staff meetings were held regularly for all staff to discuss the service. Staff told us that they were encouraged to make suggestions to improve the service.

The registered manager understood their responsibilities in recording and notifying incidents to the local authority and the Care Quality Commission (CQC). All services that provide health and social care to people are required to inform CQC of events that happen in the service so CQC can check appropriate action was taken. The registered manager notified CQC in line with guidance.

It is a legal requirement of all services that have been inspected by CQC and awarded a rating, to display the rating at the premises and on the service's website, if they have one. Ratings must be displayed legibly and conspicuously to enable the public and people who use the service to see them. We saw that the previously awarded rating was displayed.