Tynefield Care Limited

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection took place on 3 January 2018 and was unannounced. Tynefield Care Limited is a care home that provides accommodation with personal care and nursing and is registered to accommodate 45 people. The service provides support to younger and older people who may have a specific neurological disorder, nursing needs or living with dementia. The accommodation at Tynefield Care Limited is on the ground floor and over three separate wings. There is one shared lounge and dining room and a smoking room for people to use. The home is located outside of the village of Etwall and accessed from a private road. There are no public facilities or public transport services within easy reach of the home.

Tynefield Care Limited is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of the inspection there were 30 people using the service.

At the time of the inspection the service had a manager who had submitted their application to register with us. However since concluding our inspection we have been made aware that the situation has changed and the new manager is no longer 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. This report reflects our findings from 3 January 2018 and the service remains under review.

Tynefield Care Limited was last inspected on 30 March 2017 and the service was rated as Requires improvement. We identified concerns that they were not meeting standards to support people to manage individual risks; consent was sought where people did not have capacity, although it was not always evident how capacity had been assessed to support how specific decisions were being made. People were not always happy with the choice of food available to meet their cultural preferences and there was a limited range of activities available for people to suit their interests and develop living skills. At this inspection, we saw that improvements had been made although further improvements were still required. This is the third consecutive time the service has been rated 'Requires Improvement'.

Providers should be aiming to achieve and sustain a rating of 'Good' or 'Outstanding'. Good care is the minimum that people receiving services should expect and deserve to receive and we found systems in place to ensure improvements were made and sustained were not effective. Medicines were not managed safely as the provider had not considered how all medicines could be safely administered to people. The provider had systems in place to assess risk although how risks were managed was not always understood, as information was not always clear. This meant actions were not always put in place to reduce identified risk and information in people's care records did not always match the care they needed. There were limited opportunities for people to engage in activities that interested them. People had mixed views about how they were supported to do the things they enjoyed in the home and to have opportunities to go out. The

staff recognised where people may be at risk of harm although following our inspection, it had been identified that suitable action had not been taken to ensure people remained safe. People used different ways to communicate and accessible information about the service provision was not always available. We have made a recommendation about ensuring people are able to understand information provided.

Staff received training and support to enable them to fulfil their role and they were encouraged to develop their skills. People felt that there were enough staff to meet their needs promptly and that they felt safe. They were supported to maintain good health and had regular access to healthcare professionals.

We found people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People were able to make decisions about their care and staff knew how to respond if people no longer had capacity to make some specific decisions.

Staff developed caring relationships with the people they supported which were respectful and staff were kind and patient. They knew people well and their privacy and dignity were maintained at all times. Mealtimes were not rushed and people were given a choice of what to eat.

Visitors were welcomed at any time. People knew who the new manager was and knew about the meeting that had been planned to share information. People felt confident that any concerns they raised with the new manager would be resolved. The new manager was approachable and provided support to the staff team. People were encouraged and supported to provide feedback on the service and quality assurance systems were in place to identify where improvements could be made. People were encouraged to contribute their views and felt listened to.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Risks to people had been assessed although staff were not always clear how to minimise these risks to prevent the chance of harm occurring to people. Safe systems were not in place to ensure people received their medicines in the right way. There were sufficient staff working in the service who knew how to recognise abuse and people felt safe when they received care. Systems were in place to recruit staff that were suitable to work with people.

Is the service effective?

Good

The service was effective.

Care staff had received training and guidance and they knew how to care for people in the right way. People had choices about what they could eat and drink and received support where this was needed. People were supported to make decisions for themselves and there were arrangements to ensure that they only received lawful care. People were helped to receive all the healthcare attention they needed.

Is the service caring?

Good

The service was caring.

The care staff were caring and kind and ensured that people's right to privacy was respected and their dignity was promoted. People were able to choose how to spend their time and decisions were respected. Confidential information was kept private.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People were not always offered sufficient opportunities to pursue their hobbies and interests and do the activities they enjoyed. People had been consulted about the assistance they wanted to receive although their care records did not always

reflect the care they needed. There was a system to resolve complaints.

Is the service well-led?

Requires Improvement

The service was not always well led.

Quality checks were now being carried out although these were not always effective. The manager had completed their application with us to become registered as required. People and their relatives had been consulted about the development of the service and there was a plan in place to develop the service. The registered person had told us about significant events that had occurred in the service. Staff were being encouraged to speak out about the quality of the service and felt listened to.

Tynefield Care Limited

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.

There had been a number of safeguarding concerns which were being investigated by the local authority. The provider was working with the local authority to make improvements to the service and had produced an action plan for them to demonstrate how this would be achieved; this plan had been shared with us.

This inspection visit took place on the 3 January 2018 and was unannounced. The inspection visit was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

On this occasion we did not ask the provider to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report and gave the provider an opportunity to provide us with further information. We reviewed the quality monitoring report that the local authority had sent to us. All this information was used to formulate our inspection plan.

We spent time observing care and support in the communal areas. We observed how staff interacted with people who used the service. We spoke with 14 people who used the service and four relatives. We also spoke with three members of care staff, one nurse, the cook, the training manager, the manager and operations manager. We also spoke with two social care professionals before our inspection visit. We did this to gain people's views about the care and to check that standards of care were being met.

We looked at the care records for eight people and we checked that the care they received matched the information in their records. We also looked at records relating to the management of the service, including medicine records, quality checks and staff files. We asked the provider to send us information relating to the outcomes of complaints and the provider's business and service development plan to demonstrate how the

service was to be developed. We received this on 26 January 2018.

Requires Improvement

Is the service safe?

Our findings

On our last inspection we identified that risks to people had been identified, but had not been managed effectively to protect them from harm. Through safeguarding investigations, there were further concerns that risks were not always managed. The staff had worked with commissioners of the service to review the care and support people received to ensure their safety. However, at this inspection we found that some people still needed their support plans reviewed to ensure risks were managed. For example, one person needed support when receiving personal care and when moving from their bed. The new manager had recognised that an assessment was needed and had made a referral to the occupational therapist, as specialist equipment may be required to ensure their safety when moving. However, the staff told us that they were using the equipment currently available. One member of staff said, "We are just using the hoists and slings we have here in the home." The support plan recorded staff were to use this equipment although this may not be suitable, which meant they could be placed at risk of harm.

Medicines were not always managed and administered safely by nursing staff. Some people, who could not have their medicines by mouth, had their medicines administered through a PEG (percutaneous endoscopic gastrostomy) tube. This is a tube which allows liquid foods, fluids and medicines to be fed directly into the stomach. Some prescribed medicines were crushed or capsules were opened and the contents dissolved in water. The provider had not consulted with the G.P. or pharmacist to establish whether this was safe and whether this compromised the integrity of these medicines. This meant that some medicines may not have been effective for these people.

We found that suitable steps had not always been taken to help people avoid preventable accidents. A number of the radiators in communal areas were not fitted with guards to reduce the risk of people being burned and there were portable heating appliances being used in the home and in one person's room, which had not been assessed as safe to use. In addition, we noted the oxygen cylinder in the medicines room had not been secured to the wall although this had been highlighted as a maintenance concern. These oversights increased the risk that people would not be kept safe from unnecessary accidents.

This evidence demonstrated the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On our previous inspection there were a number of safeguarding concerns that were being investigated by the local authority in relation to poor care. On this inspection we saw these had been concluded. The provider and staff had liaised with the investigating officers to ensure incidents were reviewed and people were protected from potential further harm. Staff were clear about safeguarding and could describe different forms of abuse and what they would look for. They had undertaken training in safeguarding adults and were able to explain what they would do if they had concerns about any person's safety. However, following our inspection further safeguarding concerns were raised where people may have been harmed and the staff had not acted to prevent further harm. We are liaising with the safeguarding team to review how the provider ensures people remain safe.

People felt the staff were available to provide support when they needed this. The staffing levels had been reviewed to reflect the support people needed with personal care. One person told us, "Things have been better recently and you don't have to wait as long to get help when you need it." We saw call bells were responded to and staff had time to spend talking with people. The provider operated 'protected meal times' whereby all staff were available to support people to eat their meal. Where people needed individual support we saw this was provided. The provider had recruited new staff to fill any vacancies and they told us, "When these staff have completed their induction it will mean that there would be less reliance on agency staff to cover any unplanned absences or leave." The provider told us they tried to use the same agency workers to ensure people received continuity in the care provided. This meant that these staff knew people and understood how they wanted to be supported.

People received their medicines at the right time and staff spent time with them to ensure they were taken. We saw staff explained what the medicines were for and ensured they had a drink and had time to take them. We saw the medicines were kept securely in a locked cupboard to ensure that it was not accessible to unauthorised people. A fridge was provided to store certain medicines and this was monitored to ensure they were kept at a suitable temperature. Medication records contained information about whether people had taken their medicine and any reason this had not been given.

The provider had reflected on the quality of service provision and had recognised that as result of lack of clear management and reliance on agency staff, mistakes had been made. A review of how care was provided, how information was recorded and risks were managed were being monitored by the local authority. The manager told us, "We have a clear plan now. We are focusing on getting all the care plans up to date and reviewing how we support people. We have recruited new staff and we are confident that we are now starting to get things right."

On our previous inspection we saw that the provider had been working with the local clinical commissioning group to raise environmental standards due to concerns with infection control standards. The provider had continued to identify where improvements were needed in the home. Where bedrooms became vacant, new flooring was fitted and the rooms were being redecorated. Older furniture had been replaced and a new dining room floor had been fitted which was easier to clean. One member of staff told us, "It's looking a lot better now for everyone and its easier to keep clean and looking nice." There was hand washing gel and washing facilities available in the home and we saw these were being used. An infection control audit was completed to identify where improvements could be made to ensure standards could be maintained.

People were cared for by staff who were suitable to work in a caring environment. Before staff were employed we saw the manager carried out checks to determine if staff were of good character. Criminal records checks were requested through the Disclosure and Barring Service as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions.

Good

Is the service effective?

Our findings

On our last inspection we identified that improvements were needed to demonstrate how capacity had been assessed to demonstrate whether people needed support to make decisions. On this inspection we saw improvements had been made.

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, and whether any conditions on authorisations to deprive a person of their liberty were being met. The staff had consulted with people and explained information to them and sought their informed consent. People made decisions about their care and this was recorded within their support plan. One person told us, "I let the staff know what I want and it's not a problem. I feel they respect what I have to say and listen to what I want." Where staff were concerned that people were unable to make any specific decision; a capacity assessment had been completed which demonstrated how capacity had been assessed and why decisions had been made in their best interests. The staff understood that people should receive care in the least restrictive way and one member of staff told us, "You have to have an assessment to show people don't have capacity and we don't deprive or restrict people because we think they are safe. We do the assessment and then if we need to, make a best interest decision." Where people had a DoLS in place the staff knew where any condition had been imposed. One member of staff told us, "We have a silver board with a photo of each person and it records whether they have a DoLS so we can easily identify this. We have privacy curtains to the office so this information is not on show to everyone."

On our previous inspection we also identified that some people were not provided with food that met their cultural needs. On this inspection we saw improvements had been made to ensure people had a choice of food which met their cultural and dietary preferences. People told us they were happy with the quality and choice of food. We saw people were provided with a choice and one person told us, "The staff come and ask me what I want to eat each day. If I don't want something, the cook is very good and will make me something else instead. I like to stay in my room and the staff always make sure I have something near that I can eat or drink." Where people were at risk of choking their food was specially prepared so that it was easier to swallow. The food was pureed separately in order that people were able to taste the different food. We saw food moulds were used when serving the softened foods. One member of staff told us, "We like to put the pureed food into the moulds then serve this onto people's plates so when they look at it, the food still resembles what it should look like. This means instead of just a spoon of orange, it is served in the shape of carrots. Food has to look good and taste good. It's important."

People's health care needs were met as referrals were made as needed and recommendations made by professionals were followed. People received the help they needed to see their doctor and other healthcare professionals such as specialist nurses, dentists, opticians and dieticians. For example, where concerns that people needed support to have drink and food safely, advice had been sought from the speech and language therapist and the support plan included the advice on how to support them.

People felt the staff knew how to support them and were confident they had skills to provide their care. New staff received an induction into the service to enable them to gain the skills they needed to support people who used the service. New staff shadowed experienced staff for two weeks to get to know people and were supervised supporting people. The staff were also given the opportunity to complete the nationally recognised Care Certificate, which supports staff to gain the skills needed to work in a caring environment. The training manager visited the home each month to deliver staff training. They explained this included how to recognise and report safeguarding incidents and supporting people to move. They told us, "The training is better now as it is carried out here; we use real life situations rather than just theory." The training manager also assessed people's competence following any training including watching how staff used moving and handling equipment in the home. We saw when staff using equipment to support people to move they maintained the person's dignity at all times. They were knowledgeable about how to use the hoist to transfer the person according to the instructions within the support plan. The staff spoke with the person throughout the transfer, explaining what they were doing and what they were going to do next.

All accommodation was on the ground floor and people were able to move about their home safely because there were no internal steps. There was sufficient communal space in the dining room and in the lounges and the corridors were wide to enable people to pass or have room to use their wheelchair or walking aids. The empty bedrooms were being redecorated before people moved in and carpets and flooring were being replaced. People spoke positively about the changes being made. One person told us, "Some areas are looking tired so it's nice that they are making everything better for us."

Good

Is the service caring?

Our findings

People felt that the staff were caring and they were happy with the support they provided. We observed respectful, kind interaction between staff and the people they supported and they knew them well. People recognised that the staff changes had an impact on the morale of staff. One relative told us, "There have been problems with all the staff changes and different managers trying different things. The new manager has spoken with us and we hope they can pull the team together. It's definitely got off to a good start and the staff seem happier too." Another person told us, "The staff seem to smile more now and look happier and that makes everything better. The happier the staff are, the happier they are here." Other people told us, "The nurses are kind." "The staff they have here now are the best they've ever had." And "The staff are caring and supportive."

People were supported to make choices about their care. We saw that people were asked what they wanted and where they preferred to be; for example after a meal, people requested to go to their rooms for a rest and staff supported them to do so. People told us that they were encouraged to be as independent as possible. One person said, "I still wash myself and do what I can. I know it takes longer but the staff don't mind a bit."

People were treated with dignity and respect. The staff recognised the importance of not intruding into people's private space. People had their own bedroom that they had been encouraged to make into their own personal space and displayed personal possessions, pictures and photographs. One member of staff introduced us to a person who chose to be in their room and respected their decision. We saw that when people were cared for in their bed that they were covered and had personal belongings around them. Personal care was carried out discreetly in bedrooms and bathrooms. Where people were visited by health care professionals, they received treatment in private.

People were relaxed in the company of staff and we observed friendly conversations. We saw staff walk around the communal areas with people and chat with them. We heard staff talking sensitively and discreetly to people about whether they needed assistance to get to the bathroom. The staff were patient with people when they provided support and we saw them speaking and engaging with them in a positive way. At lunch time we saw staff sat with people giving support and talking with them. People were given time to eat their meal and staff talked about what was important to them.

Staff recognised the importance people placed on their personal belongings. People's mobility aids were kept close to them so they could move around the home independently if they chose to do so. We saw that staff visited people who spent most of their time in their bedrooms to ensure that they were comfortable, to offer drinks or snacks or carry out personal care activities.

People felt that visitors were encouraged and we saw that they were greeted by staff in a friendly way. We saw staff knew people's family and friends and offered them refreshment when they arrived. Family members told us that they were made to feel welcome and could visit at any time. One relative said, "The door is always open for us. They prefer us not to visit at meal times so staff can help people, but we would

never get turned away."

Requires Improvement

Is the service responsive?

Our findings

On our last inspection we identified that people had a lack of opportunity to engage in activities or interests they enjoyed and improvements were needed. On this inspection we saw further improvements were still needed.

People had mixed views about the opportunities they had to pursue their hobbies and interests. During our inspection visit, we saw people watched the television or listened to music but there were no organised activities arranged and there were limited for people to go out. There was a dedicated activity member of staff who worked part time in the home although one person told us, "They don't have many activities here. The activities coordinator hasn't got enough time to take people to Burton," Another person said, "There's a really good activities coordinator. I want to go out but there is no-one to take me as there's not enough time." Some people received a small amount of funded one to one hours each week to participate in one to one activities. During this time, these people were able to be involved with activities they enjoyed doing in the home and had the opportunity to go out. One member of staff told us, "This is wonderful for these people, but others don't get the same opportunities." On occasions, entertainers visited the home and people told us they enjoyed activities which involved music and singers. The staff explained that links were being developed with a local nursery group to visit people in the home. One staff member told us, "People have really enjoyed it when children have visited. It would be fantastic if we could develop these links further and make this a regular activity."

People had varying levels of ability to verbally communicate and to understand written documents. The provider had not ensured that all people had access to information that enabled them to understand their care needs and ensure they were not unduly discriminated against. Information was not available in different formats to ensure that people understood this. We saw some people may have had difficulty reading small print; the provider explained that all documents could be produced in larger print upon request, although information had not been provided in this format. Some people used some sign language to help express themselves and to communicate with others. There were posters displayed in the lounge of how to use commonly used signs. The staff explained that these were to assist staff and agreed that this may not promote people's dignity by displaying these. One member of staff told us, "This doesn't help anybody do these signs; it's for staff really so it would be better to just have this as information rather than on the walls." The menu board was not in pictorial form which could assist people to make choices. One member of staff told us, "This would help some people make a choice and this is something we can look into developing."

We recommend that provider seeks advice and guidance from a reputable source, about meeting the information and communication needs of people with a disability or sensory loss. This would ensure people's needs are met, including receiving information which they can access and understand with communication support if they need it.

People had a support plan which included information about their personal histories, individual preferences, interests and significant relationships. The plans did not always reflect the support we saw

provided. The manager told us the care plans were still being developed as they got to know more about people and they would be further developed in relation to people's diverse needs. They told us, "It's taking time to sort everything out as we are involving people in the review so we can make sure they have their say in how they want to be supported; we want to do this the right way so it is taking us more time."

When people started to receive a service, the initial assessments had considered any additional provision people might need to ensure they did not experience discrimination. An example of this was establishing if people had cultural or ethnic beliefs that may impact on their care. The staff understood the importance of promoting equality and diversity. This included arrangements that had been made for people to meet their spiritual needs by attending a religious service. Where people had chosen to practice their faith, they were visited by a representative of their church. The staff explained that none of the people using the service practiced different faiths other than Christianity, although they knew local services that people could access if they had different faiths or beliefs. Staff had also received training to develop their understanding in the importance of supporting people who chose gay, lesbian, bisexual and transgender lifestyles. This included being aware of how to help people to access social media sites that reflected and promoted their lifestyle choices.

People had raised concerns about their care and told us they knew how to complain. People knew who the manager was and told us, "The manager is always popping in and out to see if all is okay." Another person told us, "We've had problems with staff and had different managers. They have a new manager now so I'm keeping my fingers crossed that it gets better. They've introduced themselves to us all and I hope this time things get better." We saw people had raised complaints but there was no record in the home of how these had been responded to and investigated. We asked the manager to confirm how these had been addressed and we received confirmation that all complaints had been resolved and people had been informed of the outcome.

At the time of this inspection the provider was not supporting people with end of life care, so therefore we have not reported on this.

Requires Improvement

Is the service well-led?

Our findings

On our last inspection we identified that improvements were needed with how the quality of the service was reviewed and how action was taken to follow up on any issues identified. Quality assurance systems were in place to identify where improvements needed to be made. However, these were not effective as further areas of improvement were required and the provider had been performing below the standards required. Although improvements had been made in the areas we had previously identified as concerns, further areas need improving. The quality assurance systems had not identified the integrity of some medicines may have been compromised. The care plans did not always include personal information about how to support people and manage risks, and people were not always able to engage with activities that interested them. We have identified that further improvements are still required.

The overall rating for this service is requires Improvement. Providers should be aiming to achieve and sustain a rating of 'Good' or 'Outstanding'. Good care is the minimum that people receiving services should expect and deserve to receive. The service has been rated as 'Requires Improvement' on three consecutive inspections.

The above evidence shows that effective systems were not in place to ensure the quality of care was regularly assessed, monitored and improved. This was a breach of Regulation 17(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager was no longer working at the service; the provider had recruited different managers to work within the service which had resulted in many changes for people. The current manager had submitted their application to register with us as required and an interview to assess their suitability has been planned. The provider told us, "We are now in a better place and we are confident we have found the right manager who will move things forward." To ensure improvements could be made the new manager was working with the local authority and specialist nurse providers to make the improvements within the service. They told us, "We are listening to what people have to tell us and working together so we can provide the service they really need. We have recruited new staff and making sure all staff have the training they need so we can provide the service people need." Quality monitoring officers from within the local authority and representatives from the local clinical commissioning team were continuing to visit the service to review improvements and ensure their action plan was kept under review.

The new manager had considered how the service could learn and innovate which included liaising with other care services and specialist training providers. They told us, "We are arranging meetings with specialist nurses so they can review people's care with us and help to give us any additional information or training." The operational manager provided us with their business and service development plan which showed they had recognised where some areas of improvement needed to be made. This also outlined their plans to improve standards which included having further support to managers and staff by working together with others who worked in other care homes managed by the same provider. This would enable staff to have support in developing the service and share ideas.

People knew who the new manager was and they told us that they were approachable. Staff members told us that they were supported and clear about the expectations of their roles. Staff also told us that if needed the manager would cover shifts. One member of staff said, "We are clear about what is expected. Before we didn't know who was doing what. The manager is working with us as part of the team so we can work together. It's good that they worked here before becoming the manager so they know what the job is about."

Staff understood their right to share any concerns about the care at the home. All the staff we spoke with were aware of the provider's whistleblowing policy and they told us they would confidently report any concerns. One member of staff told us, "We've had lots of change this year. We are hopeful that things will now be put right and we know we need to speak out so things get better."

People had been invited to speak with staff and to complete questionnaires to give feedback about how well the service was meeting their expectations. Where people may have had difficulty completing these, staff asked these questions and recorded their responses, or family members could have supported them. Staff agreed that this could be reviewed so people could have this information in an accessible format. This would then enable people to complete this independently. A relatives and residents meeting had been planned over the weekend to seek people's views and to provide information about how the changes in the service. One person told us, "The staff told us about the meeting and they put a poster on the notice board. It's good that the new manager is telling us what is happening as there's been so much change recently."

The staff had reported significant events to us, such as safety incidents, in accordance with the requirements of their registration. It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed this.

The service was registered to provide diagnostic and screening services for people. We spoke with the operational manager to determine whether this was required and if these services were being provided. They confirmed that services under this regulated activity were not provided within the home and they would apply to remove this.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Care and Treatment was not provided in a safe way as the provider had not ensured that all risks were assessed and to ensure the health and safety of services users.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person must send a written report setting out how, and the extent to which, in the opinion of the registered person, how systems and processes are established and operated effectively to assess, monitor and improve the quality and safety of the services provided. The report must include any plans the registered person has for improving the standard of services provided to people with a view to ensuring their health and welfare.