

GN Care Homes Limited

Thornton House Residential Home

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

This inspection took place on the 1 and 2 March 2017 and was unannounced.

Thornton House Residential home is registered to provide accommodation and personal care for up to 22 older people. The service also offers a day-care facility and bathing service to people within the local Community. The home is single room accommodation over two floors. Not all rooms have en-suite facilities. The service is close to the village of Little Sutton where there are a range of local shops that people can access. At the time of our inspection there were 20 people living at the service.

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.

At the last focused inspection on 7 October 2016 we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements were required as the registered provider had failed to protect people from the risk of receiving unsafe care and treatment. After the inspection, the registered provider wrote to us to say what they would do to meet legal requirements in relation to the breaches identified. They informed us they would meet all the relevant legal requirements by 30 November 2016. This inspection found that the required improvements had been made at the service.

Individual risk assessments were completed to ensure people supported, relevant others and staff were protected from the risk of harm.

People and staff described the registered manager as 'approachable and supportive'. Effective systems were in place to monitor the safety and quality of the service and to gather the views and experiences of people and their family members. The service was flexible and responded to any issues or concerns raised. People told us they were confident that any concerns they had would be listened to, taken seriously and acted upon.

The service was accessible, clean and safe. Staff were able to describe their responsibilities for ensuring people were protected against any environmental hazards. Fire safety and all other relevant Health and Safety checks were appropriately completed at the service.

An assessment of people's needs was carried out and appropriate care plans were developed. Care plans detailed people's preferences with regards to how they wished their care and support to be provided. Care plans were regularly reviewed and updated to ensure people received the care required to meet their changing needs.

The overall management of medication and associated records was safe. People received their medication

on time by staff who had received the appropriate training and competency checks. PRN medication protocols were in place regarding medicines to be taken 'when required'.

Staff had undertaken safeguarding training and were confident about recognising and reporting suspected abuse. Procedures for minimising the risk of abuse and responding to an allegation of abuse were in place.

Staff had been employed following appropriate recruitment checks that ensured they were suitable to work in health and social care. We saw that staff recruited had the right values and skills to work with people who used the service. There were sufficient levels of staff in place to ensure all people's needs were met people were kept safe.

Staff communicated with others in a respectful and professional manner. The service worked with healthcare professionals to ensure people's health and wellbeing needs were met. People received prompt medical and wellbeing services and staff assisted people to follow recommendations in relation to their health.

People are supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. The registered manager and staff understood what their responsibilities were for ensuring decisions were made in people's best interests. Staff obtained people's consent prior to providing care and support.

Staff confirmed they felt supported in their roles. They received regular support through daily discussions and meetings, however written records of supervisions were not always kept up to date. The registered manager confirmed that they would update records moving forward. Staff attended regular training sessions in areas such as moving and handling, first aid and safeguarding adults to update their knowledge and skills.

People told us that staff always treated them with kindness and respect. They told us that staff were mindful of their privacy and dignity and encouraged them to maintain their independence.

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

People received their medicines as prescribed. The systems in place for the management of medicines were safe.

People were protected from the risk of abuse as staff understood the signs of abuse and how to report concerns.

There were appropriate numbers of staff on duty at all times and safe recruitment processes were followed.

People had personalised risk assessments in place and actions were taken to reduce the risk of harm to people.

Is the service effective?

Good ●

The service was effective

The registered manager and staff had a good knowledge of the Mental Capacity Act (2005). Staff understood the importance of seeking consent from people prior to support being delivered.

Staff were appropriately trained to enable them to support people safely and effectively

Staff had the information they needed to enable people to have sufficient to eat, drink and maintain a balanced diet.

People were assisted to access healthcare services and maintain good health.

Is the service caring?

Good ●

The service was caring

Staff were kind and caring in their approach. People were treated with dignity and respect.

People and their relatives were involved in decisions about their care. Care was personalised and reflected individual needs.

People received care and support from staff that knew them well.

Is the service responsive?

Good ●

The service was responsive

People received personalised care from a consistent staff group who knew their individual needs.

People and their relatives felt confident that if they had any complaints or concerns that it would be acted upon.

People were involved in planning their care and care plans gave staff specific details on people's care needs and their preferences.

Care plans were regularly reviewed and reflected people's current needs

Is the service well-led?

Good ●

The service was well led

The service had a suitably qualified and experienced manager who was registered with CQC.

Effective systems were in place to ensure that the service provides quality care.

CQC were notified as required of incidents that may affect the service.

Thornton House Residential Home

Detailed findings

Background to this inspection

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

We visited the service on 1 and 2 March 2017. Our inspection was unannounced on the first day and the inspection team consisted of one adult social care inspector.

We spoke with six people who used the service and four of their family members. We also spoke with five members of staff, the registered manager and registered provider. We looked at the care records relating to five people who used the service, which included, care plans, daily records and medication administration records. We observed interaction between people who received support and staff.

Prior to the inspection we reviewed the information we held about the service including notifications of incidents that the registered provider sent us since the last inspection, including complaints and safeguarding information.

We contacted local commissioners of the service and Health watch who had previously visited the service to obtain their views. Healthwatch England is the national consumer champion in health and care and they have statutory powers to ensure the voice of the consumer is strengthened and heard by those who commission, deliver and regulate health and care services. At the time of our inspection we had not received feedback regarding any concerns about the service.

Is the service safe?

Our findings

People told us that they felt safe living at the service. Comments included, "I haven't been here very long at all, I didn't feel safe at home anymore, but I know that there is always someone here to help me if I need them. That gives me and my family reassurance" and "The best part of living here is knowing that I can call on staff if I have a problem. I feel much safer". Family members confirmed that their relative's safety and well-being was supported by the service.

At our focused inspection in October 2016 we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider had failed to protect people from the risk of unsafe care and treatment and prevent avoidable risk of harm. We issued the registered provider with a requirement notice and asked them to take immediate action. During this inspection we found that the registered provider had made the required improvements.

People's needs and abilities had been assessed prior to moving into the home and risk assessments had been put in place to guide staff on how to protect people. Assessments highlighted any potential hazards and assistance people or staff required to minimise risk. Assessments included information relating to risks such as skin integrity, falls, nutrition and moving and handling. Where people required the use of a hoist for moving and handling, risk assessments gave details of the type of hoist and size of sling required to keep the person safe. Where people were at risk of developing a pressure ulcer their records explained what specialist equipment was required to ensure they were comfortable and how the risk of deterioration was safely managed. Equipment such as pressure relieving mattresses and cushions were recorded in care plans. During our inspection people had the appropriate equipment they required in place and pressure mattress settings were correct. Care plans outlined how staff were required to monitor and check pressure mattress settings in line with people's weight. This meant that people were being adequately protected from the risk of developing pressure ulcers.

Previously we raised concerns that Legionella checks and associated risk assessments were out of date. This inspection found that the suitable checks had been completed at the service. Documentation evidenced that water temperature checks were regularly completed to ensure people were kept safe from the risk of harm. Following our last inspection the registered provider had ensured that all windows on the first floor were fitted with an appropriate restrictor. This ensured that people were protected from the risk of falling from windows at a height.

The premises and equipment were maintained to help ensure people were kept safe. Certificates showed that there had been routine servicing and inspections carried out on items such as hoists, pressure relieving mattresses and electrical and gas installation. PAT testing had been completed on all equipment used at the service. Procedures were in place to protect people in the event of an emergency. The home had fire extinguishers, fire protection equipment and clearly signposted fire exits to assist people in the event of a fire. Each person had a completed personal emergency evacuation plan which detailed how people needed to be supported in the event of an emergency evacuation from the building.

Where accidents and incidents had taken place, the registered manager reviewed this information to ensure the risks to people were further minimised. Where required, contact was made with other health professionals for advice and assistance. An example of this was where a number of falls had been recorded for one person. Following a review of the environment, a referral had been made to the Occupational therapist, for consideration of specialist equipment. Audits of accidents and incidents looked at trends, patterns and learning from incidents was sought. This demonstrated that the registered manager monitored accidents and incidents effectively.

Medicines were managed in a safe way. Medication Administration Records (MAR's) were in place to record when people had taken their medicines. Records we viewed were appropriately completed and reflected what medicine the person had taken. Where people were prescribed PRN (as required) medicines, written guidelines were in place to explain how and why these medicines should be taken. This ensured that people were protected from the risk of receiving the incorrect dose of medicine. Staff and the registered manager carried out regular medicine audits and checked records on a daily basis. This ensured that people had received their medicines correctly and any potential errors were picked up without delay.

Medicines were stored securely. Any items requiring cool storage were kept in a fridge and the temperature recorded on a daily basis. We checked the medicines stocks against the service records and found them to be correct. Training and competency checks had been carried out for staff who administered medication. This showed the registered provider had a system in place for checking the competency of staff to ensure people received their medication safely.

The registered provider had an up to date policy and procedure in place for safeguarding adults from abuse. Staff had a good understanding of safeguarding and confirmed that they would alert the manager if they had any concerns about people's safety or recognised a change in someone's behaviour. Staff were knowledgeable about the different types of abuse that could be experienced including emotional, psychological and financial abuse. Staff confirmed that they had received training in this area. The registered manager had a log in place that recorded any safeguarding concerns raised, the outcome and any action taken. Safeguarding concerns had been raised and addressed in partnership with the local authority.

Staff demonstrated they were aware of whistleblowing procedure and they said they would not hesitate to raise any concerns they had to external agencies such as CQC or the local authority. Whistle-blowing occurs when an employee raises a concern about dangerous or poor practice that they become aware of. Staff said they had access to the contact numbers they needed to use to raise any of these types of concerns.

People told us, "There is always someone around if I need them" and "The staff are very attentive. They come and check on me quite often as I like to spend time on my own in my room". Family members commented, "There is always a staff member around if we need to speak to them. The manager is always available too". Throughout the inspection staff were visible in all areas of the service and there was a relaxed and unhurried atmosphere throughout our visit. We observed staff meeting people's needs safely and in a timely way.

Recruitment records showed that the registered provider had a safe and effective system in place for employing new staff. The files we looked at contained pre-employment checks that were obtained prior to new staff commencing employment. These included two references, and a Disclosure and Barring Service (DBS) check. The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. This helped to reduce the risk of the registered provider employing a person who may be a risk to vulnerable people.

The service was clean and hygienic and good infection control practices were followed. Staff and records confirmed that they had completed infection control training and they had access to information and guidance about the prevention and control of infections. Staff practice demonstrated that they had a good awareness of how to minimise the spread of infection. For example they used personal protective equipment (PPE) when attending to people's personal care needs and handling clinical waste and soiled laundry. PPE including disposable gloves and aprons were available to staff at the point of care and appropriate bins for the disposal of clinical and non-clinical waste were in place and being used appropriately

Is the service effective?

Our findings

People and relatives told us that the staff were well-trained and effective in their roles. One person told us, "The staff are always helpful. If something is not quite right they are really good and always know what to do". A family member commented, "All the staff are friendly, helpful and seem very knowledgeable about how best to help people. They are good at looking after [my relative]" and "The staff know exactly what to do when [my relative] becomes unwell or upset".

Staff received the training and support they required to work effectively with people living at the service. This included completing the Care Certificate, a national qualification for people who work in care. It covers both general and specific areas of care and support including working with people living with dementia. Staff were able to demonstrate an understanding of people's conditions and how to respond to these. For example, how to help people who became confused or frustrated with different interventions such as personal care. Staff confidently described how they would use their skills to reassure and comfort people and support them with their emotional well-being.

Staff confirmed that the registered manager was very approachable and that you could ask her about anything at any time. They told us that they received regular supervisions and daily briefings with the manager to ensure they were up to date with any changes at the service. However, records showed that supervisions had not always been recorded in line with the registered providers own policy and procedural guidance. The registered manager confirmed that records of supervision meetings had not always been kept up to date, but there was regular communication with staff. The registered provider confirmed following the inspection this would be addressed and the policy would be reviewed to reflect current practice.

A training matrix outlined all the training that staff had received. Training included areas such as safeguarding adults, moving and handling, first aid, equality and diversity and end of life care. Staff also received specialist training from healthcare professionals (where required) to enable them to provide more complex support to people living at the service. An example of this was training in relation to thickening of fluids for people who may have dysphagia. Dysphagia is the medical term for 'swallowing difficulties'. This showed that the registered provider ensured staff had the appropriate skills and knowledge to safely and effectively support people.

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 is called the Deprivation of Liberty Safeguards (DoLS).

Assessments of people's capacity had been carried out to identify whether or not people lacked capacity to make certain decisions. Staff we spoke with demonstrated an understanding of people's individual capacity

and were able to share examples of decisions people were able to make for themselves. Examples such as choosing what to wear eat or whether they wished to spend time with the inspector. Throughout the inspection we heard staff asking people for their consent before providing care and support.

We checked whether the service was working within the principles of the MCA and DoLS and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager and staff had a good understanding of DoLS and what it meant in practice for those people who had been deprived of their liberty. They told us that where people were assessed as lacking capacity to make specific decisions they considered if restrictions were required to keep people safe. Where applicable, applications had been completed and submitted to the supervisory body. The staff were aware of which applications that had been approved and those that had been submitted. Staff were able to describe actions that needed to be taken in the event of the death of a person who had an approved DoLS in situ. This involved contacting the coroner to advise them of their death. This meant that the service ensured that people were lawfully protected where they were deprived of their liberty.

People told us that if they became unwell the staff would help them to access the GP or relevant health professional. One family member told us, "[My relative's] health deteriorated quite quickly. They contacted the GP straight away and kept us up to date too. They were so quick at spotting a change in how they were". The service supported people to maintain good health. People's individual healthcare needs were assessed when they came to live at the service. Care records showed people had access to a range of healthcare professionals including GPs, district nurses, chiropodists, opticians, and dentists. If staff were concerned about a person's health they discussed it with them and, where appropriate, their relatives, and referred them to healthcare professionals as necessary.

People told us, "I like the food here. It's hearty and traditional and there is always plenty available" and "The food on the whole is very good, I can't complain. If I don't like something I will let them know and I can have something else hot". People's nutritional and hydration needs were assessed when they moved into the service. Care plans provided information for staff on people's likes and dislikes, preferences of choice such as vegetarian options, how food choices were made, meal time preferences, and the level of assistance required at meal times. Where people required additional assistance the 'Eating, Drinking and Nutrition' care plan explained the staff support they required. One person's care plan stated that the person needed staff to 'cut up their food into smaller pieces' and 'hand them the utensils they needed to help them to eat independently'. Where changes were noted with regards to people's eating and drinking support needs, staff described how they would contact relevant professionals such as the Speech and language therapists for advice and support. This meant staff had the information they needed to support the person with their nutrition.

The mealtime experience was calm and relaxed. People were given a choice of when and where they would like to eat their meal. People ate in small groups or alone if they preferred in the dining room or their own personal rooms. Food which was wholesome was well-presented. One person's care plan stated they needed the one-to-one assistance of a member of staff to eat their meal. This was provided and the person was supported to eat their meal at their own pace.

The environment at the service met the needs of the people supported. People told us, "It's the nearest thing to home for me. I have all my own bits and pieces which is lovely" and "The environment is nice. It's quite a small place so it's easy to find my way around". On moving into the service, people were supported, to personalise their own bedrooms/private space. One person told us that they had brought their own bed and chair from home as this was comforting and familiar to them. Rooms looked homely and contained personal items such as pictures, ornaments and shelves had been put on walls were requested. Where

required the registered provider had introduced signage to help aid orientation to rooms such as bathrooms and toilets.

Is the service caring?

Our findings

We asked people and their relatives about the care they received and all spoke positively. Their comments included, "The staff are excellent here. They have made me feel so welcome and have helped me so much" and "The staff are so friendly and patient. They understand how important my independence is and really do encourage me to do as much as I can for myself". Family members confirmed that they were always welcomed and felt at home when they visited their relatives. One family member told us, "We are so thankful that [our relative] came to live here. You really cannot say enough good stuff about the staff. They give us that extra reassurance we need".

There was a welcoming and relaxed atmosphere at the service and it was evident that relationships amongst people and staff were positive and friendly. During our inspection we observed interactions between staff and people using the service. Staff knew people well and were kind, compassionate and understood people's individual needs and preferences. Staff spoke positively about people and we could see they took pride in caring for people. Throughout the inspection we heard people expressing their views and wishes. Staff talked to us about how they encouraged people to do as much as possible for themselves to maintain their independence. One family member told us that they [staff] always encouraged people to be independent. They said, "Sometimes it works, sometimes not. But they always try." Staff ensured that they took time to listen to people.

Care plans contained personalised information about what was important, preferences, likes and dislikes so staff knew about people they supported. Family members told us that the registered provider sought their views when people were unable to share information clearly or speak for themselves. The registered manager and staff told us that this could take some time to gather but it was important information to have. Staff told us that this information gave them a good insight into people's lives prior to them living at the service. Information was used to help them to generate conversations of interest with people and encourage relationships which were important to people.

People told us they were treated with dignity and respect. One person told us, "They always close my door before I have any help with personal care. They are very discreet and make me feel at ease". A family member told us, "They [staff] maintain [my relative's] dignity as best as they can. They all do". Staff demonstrated that they understood these values in conversations with us and in practice. Staff assisted people to private areas to support them with their personal care. Staff confirmed that they always covered people when washing them, to maintain their privacy and knocked on doors before entering. We observed this practice throughout the inspection.

People told us that their families and friends could visit whenever they wanted to. We observed that there were visitors in the service throughout the day of our inspection. Family members told us that they were always made welcome. People were supported to maintain existing relationships and develop new relationships with other people using the service.

Staff promoted individuality and this was important to people. Staff were able to discuss how they would

support people with their faith/religion, sexuality and gender. Examples given by staff included consideration to people's preferences of gender of carer or wish for privacy regarding their own sexuality. Staff confirmed that each person would be treated as an individual and respected for the person they are. People were supported with their specific religious or cultural beliefs and information was clearly recorded in their care plans. Two people confirmed that a representative from the local church visited them on a regular basis or when requested. This showed that the registered provider recognised and respected the importance of embracing people's diverse needs.

The registered manager spoke to us about their experiences in supporting people with their end of life care needs and the registered provider ensured that staff had access to relevant training. When needed the service followed the support and guidance of GP's and Macmillan Nurses to ensure people received the appropriate care and support to meet their needs. Discussions regarding end of life wishes had been held with some people living at the service and their GP and/or relevant others. Do Not Attempt Resuscitation forms with their wishes in the event of their death were in place for staff to follow. Care plans contained end of life wishes giving in some instances names of the pastor and place of interment. This meant that people could be assured that their end of life wishes were met.

Is the service responsive?

Our findings

People and their family members confirmed that they knew how to raise a complaint or concern. They told us, "I know who the manager is. She is always available if we have any concerns we need to speak about" and "I have spoken about the hot water to the manager. She keeps me up to date with what she has done. I am confident that she would look into any concern I have". Family members told us, "I know who the manager is and have their contact details. I would not hesitate to speak to them if I had a concern about [my relative]".

There registered provider had a policy and procedure in place to record and respond to any concerns or complaints about the service. The complaints records showed that three complaints had been received in 2016. Each complaint had been fully investigated and a report highlighting what actions had been taken as a response was available for our review. The registered manager confirmed that she had an open door policy and most concerns were resolved through face to face discussions.

People received care that reflected their individual needs and preferences. Prior to admission an assessment of a person's needs was undertaken to ensure their needs could be met. Care plans included information about individual people's likes and dislikes and their life stories, interests and preferences of how they wished care to be provided. Care plans for people living with dementia provided a good level of detail and individualised focus in relation to their specific needs around dementia. For example, were people experienced hallucinations or visual difficulties this was recorded in a dignified and respectful way. Comments such as, "Please understand that I may see things that aren't there at times. Don't try and tell me they aren't as this will frustrate me" were recorded in care plans. Staff were able to describe how they would support individuals living with dementia during times were they may become distressed. Examples included the use of life history, engaging in an activity of interest or offering comfort and reassurance were discussed. This meant that people's experiences of the care provide was personalised to their needs.

People told us they were consulted about their care when they moved into the service and if their needs had changed. Records we viewed confirmed this. Care plans recorded people's identified needs, and were reviewed monthly or more frequently if a person's condition changed. An analysis of any events that had occurred during the month were reviewed and changes to care or support needs were clearly documented.

People had opportunities to take part in activities of their choice and to mix socially. To support people to do this the service employed an activity co-ordinator who was supported by the care staff when possible. We spoke with people living at the service and they told us, "I like the days were we all get together and have a chat with some cake and tea. We talk about the good old days" and "We had a chocolate fountain. That was great fun". Another person chatted about how they enjoyed reading the newspaper or books and this had been organised for them and delivered by the staff. Two other people told us they enjoyed some of the activities that were organised. People were able to make suggestions about activities that were organised and the minutes of residents meeting confirmed this. The activity coordinator told us how they support one to one sessions with people who were cared for in bed or who chose to stay in their bedrooms. This helped to prevent people from becoming isolated. We saw pictures at the service of one-to-one sessions taking

place and of entertainers who visited people.

Is the service well-led?

Our findings

People who used the service and family members told us that they knew who the registered manager was and they described her as approachable and supportive. Their comments included, "She is lovely. She comes to see us every day to say hello and check we have everything we need" and "She is always available if we have any questions. She is a lovely lady". Family members confirmed that they knew who the manager was and how to contact her if they needed anything.

The staff team who worked at the service confirmed that things were 'settled' in the home and they appreciated that the manager was visible within the service. They told us that they and the registered manager, 'Worked hard to make sure people were safe and well looked after'. All staff members we spoke with confirmed that there was good teamwork in place and they were committed to providing good care to people they supported.

During our visit the registered manager shared and discussed the service quality assurance audits. Audits reviewed all areas of care provision and identified areas of improvement for the service to focus upon. Monthly audits had been completed by the registered manager in areas such as medication, care records and health and safety. Accidents or incidents which occurred at the service were recorded and reported in line with the registered provider's procedure. Information held helped the registered provider identify any patterns or trends. They were then able to identify any additional measures which needed to be put in place to reduce the risk of further harm. Where there were identified issues, action plans were in place to address and resolve the concern. This showed that the registered provider monitored the safety and effectiveness of the service to ensure continuous improvements were made.

As part of the service quality assurance procedures, questionnaires were sent to people who used the service and their family members. The results of these had been analysed by the registered provider. Feedback received was overall positive with people being satisfied with the service they received. Where comments had been made regarding improvements to the service, feedback had been reviewed and an action plan outlining what had been done to resolve any concerns was in place. This showed that the registered provider recognised the importance of listening and acting upon feedback to continually review the quality of the service provided.

The service had policies and procedures in place which covered all aspects of the service and these were stored in the office were readily available to staff.

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. Registered providers are required, by law, to notify us about and report incidents to other agencies when deemed necessary. This enables decisions to be made as to any actions required to be taken to keep people safe and well. The manager was clear on the process to follow and able to describe what required reporting to CQC.

The registered provider had displayed their ratings from the previous inspection in line with Health and

