

Maria Mallaband Limited

Willowbank Nursing Home

Inspection report

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22 June 2018

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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?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We carried out an inspection of Willowbank Nursing Home on the 15 and 22 June 2018. The first day was unannounced and the second day the registered provider was aware of our intention to visit.

Willowbank nursing home accommodates 37 people in one building and supports them with nursing or personal care support needs. At the time of our visit, 31 people were living at the service.

Willowbank Nursing Home 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.

The service did not have a registered manager in place. The last registered manager deregistered on 6 June 2018. 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. The provider's peripatetic manager was present during the days of our visit. We will refer to the peripatetic manager in this report as the 'manager'.

We previously carried out an unannounced comprehensive inspection of this service on 3 November 2015. At that inspection we rated the service as good. No breaches in regulations were identified at our last visit.

Staff were aware of safeguarding procedures and how to raise concerns. They had received training in this and outlined the types of abuse that could occur.

A range of audits were carried out by the registered provider to check on the quality of the service provided. These included 'walkarounds' undertaken by senior staff. These had not always been effective given that. For example, issues with the safety of the building had not always been identified.

Assessments for those coming to live at Willowbank Nursing Home covered all their main needs. Care plans were person centred indicating people's personal preferences. Care records lacked specific detail about how people liked their support and contradictions in the support they received.

Staff had not always received supervision to support them in their role. Supervision records showed most staff had not received the number of supervisions as required by the providers policy. The temporary manager was aware of this and had made changes to the supervision system. We made a recommendation about the supervision process.

The premises was safe. Cleaning storage cupboards were kept locked and the environment was clean and tidy. Redecoration was taking place during the inspection to update some areas. The service had its electrical systems monitored and serviced for safe usage. The heating system ran on a bio fuel which was

also serviced appropriately. Firefighting equipment was stored around the service for use in an emergency and a nurse call system was available in people's rooms and communal areas. People told us that they felt safe and that there was always staff around to attend to their needs. We observed staff had a constant presence in the communal areas of the service and people had their call bells answered and not left unattended.

New staff coming to work at Willowbank Nursing Home were recruited robustly with checks carried out to ensure that they were suitable to work with vulnerable adults.

Risk assessments were in place outlining the hazards faced by people from the environment. For example, risks faced in the support they received as well as risks faced by malnutrition or pressure ulcers. Emergency plans to aid the safe evacuation of people in an emergency were in place and reviewed regularly.

Medicines were robustly managed. Audits were in place to ensure that stocks never ran out and that people received the medicines they required. Staff had received training in medication administration. Medication was given to people in a supportive manner. Consideration had been given to enabling some people to partially self-administer their medication as an aid to encouraging independence.

The manager had measures in place to look at lessons learned. This was done in response to specific concerns within the service and whether these could have been responded to in a different and more effective manner.

Staff received the training they required to meet the needs of people. This related to mandatory health and safety topics as well as training in dementia care and safeguarding. Nursing staff were provided with training in clinical issues such as catheter care and tissue viability.

The registered provider worked within the principles of the Mental Capacity Act 2005. Applications had been made to the local authority identifying those people who required safeguards to partially deprive them of their liberty in line with their best interests and safety. There was evidence that people's capacity had been assessed and that a best interests process had been followed to ensure that staff practice was mindful of people's limitations.

The health needs of people were promoted with health professionals being routinely involved in dealing with health issues as well as routine health checks.

Staff adopted a caring approach when supporting people. Their approach was kind, friendly and informative. When people were distressed; staff adopted a patient and reassuring approach to assist people. Staff described how they would promote the privacy and dignity of people in their care practice. We observed this being adhered to.

The communication needs of people were considered. Effective arrangements to communicate with people with sensory limitations were in place. Advocacy was supported within the service with information signposting to local advocacy services available.

Information in relation to activities was accessible to those who used the service. The service benefited from an activities coordinator. Activities were observed during our visit and people were encouraged to take part. Activities coordinators had an extended role in assisting at lunchtime.

A complaints procedure was in place. Complaints had been recorded and investigated in line with the

provider process.

People connected with the service such as health professionals, people who used the service and their families were given the opportunity to comment on the quality of support provided.

Staff commented that the manager was supportive and approachable and understood the needs of people. The manager was aware of their responsibilities as a registered person. This extended to notifying CQC of specific incidents and displaying the current CQC rating.

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.

The service was clean and tidy.

Medication management was robust.

Equipment used at the service was well maintained.

New staff were appropriately recruited.

Is the service effective?

Good ●

The service was effective.

Staff received training but had not always received supervision appropriate to their role.

People had their needs assessed prior to using the service.

The registered provider operated within the principles of the Mental Capacity Act.

Is the service caring?

Good ●

The service was caring.

Confidential and personal information was securely stored.

Information about activities was accessible to the people who used the service.

Staff adopted a patient and kind approach to the people they supported.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Care plans lacked detail and were difficult to use.

An effective process was in place for dealing with complaints

People had their needs responded to in a timely fashion.

Is the service well-led?

The service was well- led.

A wide range of audits were available to measure the quality of support.

Stakeholders such as people and their families had their views sought.

People told us the manager had a presence in the service and was approachable.

Good ●

Willowbank Nursing 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.

This inspection took place on the 15 and 22 June 2018. The first day was unannounced with the registered provider aware that we would visit on the second date. The inspection team consisted of one Adult Social Care Inspector who attended on both days.

Before our visit, as part of our planning we reviewed all the information we had in relation to the service. This included notifications, comments, concerns and safeguarding information. Our visit involved looking at four care plans, training records, policies and procedures, medication systems and various audits relating to the quality of the service.

We used information the provider sent us in the 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 used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We also observed care practice within the service. In addition to this we spoke to four people who used the service and one relative. We also spoke to the manager, registered provider and four members of staff. We also observed care practice and general interactions between the people who used the service and the staff team. We spoke to the local authority contracting team and safeguarding team to gather information they had on the performance of the registered provider.

Is the service safe?

Our findings

At our last inspection we rated the service 'Good' in this domain. At this inspection we found the service remained 'Good'.

On our tour of the premises we found that the service was safe. Some bathrooms had minor repairs required. For example, the floor starting to raise up. We mentioned this to the deputy manager who immediately had the issues made safe. All communal areas could easily be accessed by people who used the service. A programme of redecoration was planned.

The registered provider employed domestic staff who were seen cleaning the building during our visit. Relatives told us that the premises were always clean and odour free. No offensive odours were noted in the building. We found alcohol gel was placed around the service and were fully working. Staff had stocks of aprons and gloves and we observed the environment appeared clean and tidy. Staff had received training on infection control and told us the action they would take if they saw something that posed a risk. Kitchen staff maintained a clean environment and the food standards agency had rated the kitchen environment five out of five stars.

There had been an outbreak of influenza within the building prior to our visit. The registered manager had notified us of this. The outbreak had resulted in the service being closed to visitors and new admissions. We saw evidence of reflective practice being used to assess what lessons had been learned and how the service could have responded differently.

Hoists and other equipment had been serviced to the required frequency. This also extended to portable electrical appliances. Firefighting and fire detection equipment such as fire extinguishers and fire alarms had been tested to ensure that they would operate in case of emergency. The building had also been risk assessed to prevent the spread of fire and had had water systems tested for legionella.

People who used the service and relatives told us "Never had any problems with staff not being around", "I can always find someone if I need them" and "When I have asked for help they have been there." Observations noted that staff were available to attend to the needs of people. Call alarms and other motion sensors were responded to in a timely manner. A staffing rota was in place. This outlined the staffing levels required to best support people and meet their needs. Many people who used the service required one to one support from staff at certain times of the days. These levels were maintained. The manager told us that the same staff were utilised to ensure continuity of care.

Risk assessments were in place and were regularly updated. These outlined general risks that people could face from the environment as well as risks staff needed to be mindful of during support with personal care. Additional risk assessments were in place in respect of nutrition, the likelihood of falls and the risks associated with developing pressure ulcers. Nutrition risk assessments (known as MUST scores) identified the risks of people becoming malnourished and detailed action such as weighing people more frequently or referring them to a dietician. We saw evidence of the involvement of dieticians with supplements being

provided to ensure that people's nutrition was promoted. Where people were identified as being at risk of choking, risk assessments detailed the thickeners that could be used with food and drink to ensure that the risk of choking was minimised. Information was available to staff in kitchen and dining areas outlining what was the most appropriate consistency of thickener to be used, how this consistency could be achieved and the people that required this as part of being assisted with eating and drinking.

Personal evacuation plans had been devised for all people who used the service. These are known as PEEPS, and these provided staff with detailed information on how individuals could be evacuated in the event of an emergency. These included the physical support that people would require in such an event but also how staff could provide information and reassure people at what could be potentially a distressing time. All PEEPS were up to date and had been reviewed regularly.

People told us, "They help me with my medicines, they are very good". We observed medicines being administered by nursing staff who wore tabards and requested that they were not disturbed during this task. Medicines were administered in a personalised manner with explanations being given to each person as to what the medicines were for. Medication administration records had been signed appropriately each time medicines were administered. Records indicated that people with a diagnosis of diabetes had their blood sugar levels monitored regularly. Where prescribed creams were required records included a body map indicating where these creams needed to be applied. Staff responsible for medication administration told us that they had received training in this and that their competency had been checked on a regular basis. We noted where appropriate people had the opportunity to self-administer their medication. This was accompanied by a relevant risk assessment to ensure that this could safely be achieved.

Controlled medication was stored appropriately with a register maintained to ensure that stock levels were correct. Controlled medicines are those drugs which are subject to controls by law. An effective auditing system was in place to ensure that medication stock levels, ordering, administration and disposal of medicines were managed appropriately.

Staff could outline the types of abuse that could potentially occur. All staff demonstrated a thorough knowledge of the action they would take. Staff were aware of how to report any allegation of abuse and were confident that the management team would act in response to their concerns. Policies and procedures were in place for reporting allegations of abuse. The registered manager reported to the Local Authority safeguarding team any incidents that had happened. These included incidents that did not meet the threshold of significant abuse.

Staff were aware of how to raise concerns about the registered provider. They understood whistleblowing and were aware of the agencies they could report any concerns to. People told us "I feel safe living here" and relatives told us that they had no concerns about the safety of their relations; "Staff are very kind and my relation is well looked after."

The service recorded any adverse incidents or accidents that occurred. The patterns of these were analysed to ensure that future reoccurrence was minimised. Where applicable, pressure mats and motion sensors had been introduced into people's rooms where it was assessed that they were at high risk of falls. Patterns had identified, for example, that there was a high prevalence of falls in the evening. Action has been taken to minimise this where possible through staff supervision and assistive technology.

We found that staff had completed an application form before their interview. Applicants had provided at least one professional reference, which they received from their last employer. The home had carried out a Disclosure and Barring Service (DBS) check before new staff started working at the home, regardless of their

role. The DBS checks applicants' records, including criminal and barring registers. The checks helped to protect people using the service and support employers to make safer recruitment decisions. Information confirming new staff's identity had also been provided.

Is the service effective?

Our findings

At our last inspection we rated the service 'Good' in this domain. At this inspection we found the service remained 'Good'.

People told us, "I like the food here", and, "There is always a choice of what to have so if you don't like something you can ask for something else." We observed lunchtime in the dining room. We found that the experience of people who used the service in the dining room was a positive one. Staff interacted with people and supported them with anything they required. There was lots of chatter and the service was not rushed. We found that overall people's mealtime experience in the dining area appeared calm and relaxed and it was well staffed. The manager kept an oversight of the lunchtime experience and noticed where people were not eating their food and they asked if they required anything else.

Staff received supervision. This involved one to one meetings with their line manager. However, we found the gaps in time between staff receiving supervision was longer than the providers guidelines. The manager told us staff should have a formal supervision once every two months. At the time of inspection, we found most staff had received one supervision in 2018. Staff told us they felt supported by the management. The manager told us they were aware this was an area of concern and showed us their plans to solve this issue. Staff now had dates planned in advance with regular intervals to enable them to have a formal opportunity to speak with a line manager. Appraisals were carried out annually.

We recommend the provider revisits their supervision and appraisal policy and ensures it is appropriately applied going forward.

People's dietary needs were known by the kitchen staff who evidenced this by telling us people's needs and likes if someone required something specific. Staff also knew people's special dietary needs without checking the list. We found that a person with a special dietary need kept checking the menu to see that their choice was recorded on there and found it was. This showed us food to meet people's specific needs was planned for.

Care plans outlined the nutritional needs of people. The likes and dislikes of people were also recorded. Care plans provided a clear indication of those who required supplements to aid nutrition and those who required soft foods to ease swallowing. Clear information was provided to staff on what consistency to mix food to and those people who needed them. People's weights were monitored in line with recommendations leading from their nutritional risk assessment. Any weight loss was identified and an appropriate referral to a dietician made.

The kitchen was a clean and well-equipped facility. Information on people's nutrition and likes and dislikes in relation to food was available. There were sufficient stocks of food available within refrigerators, freezers and dry stores.

The environment benefited from recent decoration and improvements. Corridors were quite light and we

found that most handrails were accessible to aid people to walk further and were of contrast to the walls. Contrast in colours of handrails can help people living with dementia to see them more easily. The registered provider had taken steps to ensure the environment was improved to reflect best practice in respect of dementia care, and the manager currently covering the service shared their future plans for further development in this area.

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 authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff confirmed that they had received training in the Mental Capacity Act and were able to provide an overview on how this impacted on the daily lives of people. There was evidence that where applicable, deprivation of liberty safeguards had been applied for. Once granted, these remained current with a clear date of expiry in place. Care plans included evidence of best interest's decisions which had been included in deprivation of liberty orders. These related to restrictions; for example, in people leaving the building, the use of covert medication and the use of motion sensors to assist in supervising people.

The service sought to respond quickly to those instances where people had health problems. All people living at Willowbank Nursing Home were registered with a GP. There was evidence of routine health checks made as well as those appointments made in response to an ongoing health conditions. Other agencies such as opticians and chiropodists were also involved in people's care.

A training matrix was available enabling the registered manager to oversee what training had been undertaken and when refresher training was due. Staff could outline the training they had received. This included mandatory health and safety topics as well as safeguarding training, Mental Capacity Act awareness and dementia awareness. Registered Nurses had received training which had involved clinical issues such as medicines management, catheter care and tissue viability. Staff told us that they considered the training they received to enable them to carry out their role. Once recruited, staff underwent a structured induction process. This included health and safety training and safeguarding. Staff shadowed experienced care staff for a period until they were considered competent to perform their role.

Is the service caring?

Our findings

At our last inspection we rated the service 'Good' in this domain. At this inspection we found the service remained 'Good'.

People told us that they felt, "cared for" and felt "staff were very good". They told us that staff, "Helped them when they needed it" and relatives commented that, "They (staff) spoke with me as well to get an understanding."

We saw that staff interactions with people who were distressed were positive and reassuring. We observed interventions needed in one instance. The staff spent a long time with the person and interacted with them in a quiet, kind and patient manner. The staff team sought to identify positive steps they could take to ease the person's distress and after time this was successful. During lunch, some people who lived at the service began to raise their voice towards each other. Staff responded in a calm manner to resolve this. We observed caring and compassionate interactions between staff and people who used the service. This extended to the way staff spoke with family members who had been recently bereaved. Staff spoke with kindness and warmth.

Information was available to people about the service. This included meals provided, for example a menu listing the meals available to people. Other information included a summary of people's needs with appropriate symbols to assist in their understanding. This information was kept confidential within people's own bedrooms.

An activities board was on display; this was located in the dining area where people who used the service could see it. The board used symbols and pictures which clearly indicated what activities were on display. Individuals had activities hobbies and interests identified in their care records. We observed people taking part in bun making, hair dressers, bingo and going out to the shops. The service benefitted from an activity coordinator who dedicated their time to supporting people with activities. They told us they tried new things depending on what people said they wanted to do.

We looked at how the registered provider recognised the communication needs of people so that effective interactions between people and staff could occur. For example, those who struggled with hearing had appropriate methods of communication in place. We saw staff speaking slowly and clearly into one person's ear. This was documented within the person's care plan. Care plans included people's preferred terms of address.

Some people received the support of advocates. An advocate is a person who supports individuals to have their views and wishes considered when decisions are being made about their lives. These individuals had visited regularly. Information was available on other advocacy services for people to refer to if required.

The privacy of people was upheld. Staff knocked on bedroom doors before being invited to enter and people were treated in a dignified manner. Staff gave us practical examples of how they promoted the

privacy of people who used the service. Those who were being supported with personal care had bedroom and bathroom doors closed while this took place.

People were encouraged to be as independent as possible. People could mobilise through the building either independently or by using aids such as walking frames. Other people had been assessed as being able to partly self-administer their medication and this had been encouraged by the staff team.

Is the service responsive?

Our findings

At our last inspection we rated the service 'Good' in this domain. At this inspection we found the service 'Requires Improvement'.

Assessment information was in place. This included documents from local authorities as well as the registered provider's own assessment. The registered provider's system included a general overview of the medical and social needs of each person. This was then translated into a plan of care. All assessments were undertaken by a senior member of staff which enabled them to decide on whether needs could be met by the service.

Care plans were electronically stored. Staff accessed this information via a computer which in turn was password protected. All staff told us that they were happy with the system and could access it easily. Care plans were person centred and included the personal preferences of each person. These had been reviewed on a regular basis. However, we found some errors and lack of detail in some of the care records we looked at. For example, repetition of information, contradiction on information including one section saying no falls risk and another section saying high falls risk. We found some care records lacked specific detail on how people liked things completed. For example, one person's plan, said '[person's name] had broken areas to their legs' but had no description of what a 'broken area' was or how to support the person with it. We mentioned this to the manager who told us this was due to the new computer system for the care records being recently introduced and all care records were in the process of being updated in full in the new system. The manager updated one plan during the inspection to show us the standard they wished to achieve. When new care records lacked clarity, the older version of the care record contained the missing or contradictory information.

Care plans included details of maintaining a safe environment, susceptibility to falling, medical history and social history. A document relating to life history had been completed in all cases. Other areas of care plans covered issues relating to the daily lives and routines of people.

No one we spoke with commented specifically on the responsiveness of the service to their needs or the needs of their relative. One person did say, "Everything is great" and a relative stated that "Staff responded really well to her needs and the family's when my relation passed away." We used observations of care practice to assess the experiences of people. One person complained about feeling cold at lunchtime. Staff took immediate steps to get them one of their cardigans and the person was happy with this. Staff responded in a timely fashion to when call alarms were activated. The response time to call alarms had been audited by the manager.

The registered provider employed an activities co-ordinator who was present during our visit. An activities board was available located in the dining area. The activities board contained symbols and pictures so it was clear what activities were on offer. During our visits we saw activities taking place and we heard discussions offering a manicure session that was to take place during the first day of our visit. Subsequent evidence was provided confirming that activities had taken place on the days of our visits.

People were given choice. This either related to where they wished to sit or what meals they wanted to have. This was done verbally by the staff team and they always ensured that the wishes of people were respected.

The service supported some people who required a pressure relieving mattress to ensure that their skin integrity was maintained. We checked pressure mattresses to see if these were kept at the required pressure as outlined in care plans. These were found to be accurate in all cases.

Care plans were accompanied by daily records. These were appropriately recorded. Daily handover sheets were provided to care staff which recorded information about key issues that had arisen during different shifts and considerations that they needed to make while supporting people. Staff had access to computers to log into care plans.

The end of life wishes for people were recorded. These included 'Do Not Attempt Cardiopulmonary Resuscitation' (DNACPR) forms as well as their preferred wishes after their death. Training had been provided to staff in end of life care.

A complaints procedure was available. This outlined the registered provider's timescale for investigation. One complaint had been received by the service and there was evidence that this had been investigated and responded to. The manager was aware of any concerns that had not escalated to a complaint in the service and made changes where necessary. For example, they were aware that at lunchtime in the dining room, one person complained about their meal and said they did not want it. Staff responded by offering an alternative straight away to the satisfaction of the person.

Is the service well-led?

Our findings

At our last inspection we rated the service 'Good' in this domain. At this inspection we found the service remained 'Good'.

One person we spoke to was not aware who the manager was due to a recent change in management. Others were aware of the manager and said, "Seems to run just fine." Relatives told us, "I think they do a good job. Anything we have mentioned had been resolved quickly."

A registered manager was not currently employed by the registered provider. However, the last registered manager had only deregistered the week prior to our inspection. The manager covering the service was aware of the need for registration and assured us action was being taken to remedy this.

The manager and other senior members of staff conducted walk around visits. These consisted of a tour around the building identifying those areas of good practice as well as those areas requiring improvement. A recent walk around visit had identified maintenance issues that were being resolved. For example, the decoration was looking old and tired. However, these had not identified a raised floor in a bathroom. Staff told us the issue was very new. The manager ensured the risk was removed during inspection.

The registered provider had a series of audits in place. These were designed to ensure the quality of the service provided. An infection control audit had been recently undertaken and while a high score had been achieved, improvements in decoration had been identified. At the time of our inspection, the decorators were in the building making changes. An audit was in place focussing on the standards within the environment. Other audits focussed on medication systems, care plan reviews and ensuring the correct pressure setting on mattresses designed to prevent pressure ulcers. The manager was aware of any weight loss experienced by people and a process was in place to ensure that they were referred to appropriate agencies such as dieticians for specialist input into their care. Checks were also made on recruitment files and whether deprivation of liberty safeguards were within date and current.

Further comments on the quality of support provided by the service were made through visits by the area manager. Their visits consisted of touring the premises, observing care practice and gaining the views of people who lived at Willowbank Nursing Home. This enabled the registered provider to gain a first-hand account of people's experiences of their care.

A communication bulletin had been introduced. This gave families and people who lived at Willowbank Nursing Home the opportunity to keep up with any developments within the home, for example, staff promotions and decoration.

The manager had sought to adopt a transparent approach to reviewing events that had an impact on service delivery and how these could be improved on in future. Reflective practice was available in respect of these events. One related to care documentation and how information was recorded. The manager had analysed this event to see if anything else could have been done better to deal with both situations. We

found, and the manager told us the introduction of a new electronic records system was positive practice and they knew improvements were to be made.

Staff told us that they considered the manager to be supportive and approachable. They commented that their roles had been evaluated and in some cases additional responsibilities had been given to enhance their expertise. Staff told us they were happy working at the service and felt they were all doing a good job.

People who used the service were involved in influencing the running of the service. Residents meetings took place with the manager. These gave the opportunity for issues within the service to be discussed. For example, people told us and the manager confirmed during the period of redecoration, strips of wallpaper were put up on the wall. Residents were then asked to sign their name on the wall paper they preferred. In addition to this, surveys had been sent out to people and their relatives. Results overall showed people were happy with the service they received, but further details were difficult to decipher because the summarised results related to multiple services.

All registered providers are now by law, required to display the ratings from their last CQC inspection. This includes information on display within the building as well as on the registered provider's website if applicable. The rating was on prominent display within the reception area of the home.

The manager was aware of their responsibilities to notify CQC of those events and incidents that occurred at the service in line with specific registration regulations. Records maintained within the service indicated that this was done when appropriate and these tallied with notifications that the Commission had received.