

Larchwood Care Homes (North) Limited

Harmony House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We inspected this service on 3 December 2018.

Harmony House is operated by Larchwood Care Homes (North) Limited; a large provider of care homes. Harmony House provides nursing care and accommodation for up to 57 people. The majority of people who live at the home are people living with physical frailty due to complex health conditions and / or older age. Some people are living with dementia. The home offers end of life care to people. The home provides one temporary 'discharge to assess' bed for a person who has come from hospital for further care or assessment before going back to their own home or finding a suitable care home. At the time of our visit there were 36 people living in the home.

People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

There was a newly appointed manager in post. They had begun the process of applying to become registered with us for this service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection in September 2017 we rated the service as Requires Improvement. This was because in five of the key areas we checked, we found improvements were required. Following our September 2017 inspection, the regional manager has updated us weekly on their progress. At this inspection, we found some improvements had been made in the five key areas we checked. However, further improvements were still required. The overall rating continues to be Requires Improvement.

People were supported by trained staff, who overall, followed the provider's policies and training given to them. People felt staff had the appropriate levels of skill, experience and support to meet their care and support needs. Individual risk management plans were in place for staff to follow and staff knew what action to take in the event of an emergency.

Staff understood their responsibilities to protect people from the risks of abuse and told us they would share any concerns they had following the provider's safeguarding policies. The provider's regional manager and home manager understood and followed their legal responsibilities when safeguarding concerns were identified to them by staff or through checks made. The provider checked staff's suitability to deliver care and support during the recruitment process.

People were supported to eat a balanced diet and encouraged to eat and drink enough to maintain their wellbeing. Overall, staff supported people to access support from external healthcare professionals to

maintain and promote their health.

People received their medicines as prescribed, but staff had not always followed the manufacturer's guidance in relation to medicines given through skin patches. Overall, medicines were stored safely, though staff did not consistently ensure medicines were locked in the trolley when it was left unattended. Overall, people were protected from the risks of cross infection and the home was clean and tidy.

Staff had received training in the Mental Capacity Act 2005 and worked within the principles of the Act. Managers understood their responsibilities under the Act and when 'best interests' meetings should take place. Staff supported people with kindness and in a caring way to meet their physical care and support needs. People's privacy and dignity was respected.

People had individual plans of care which provided staff with the information they needed. Staffing levels meant staff focused on people's physical care needs and did not always have time to meet people's emotional needs. There were very limited activities offered to people, however, an activity worker had been recruited. There was 'work in progress' to offer one to one and group activities to support people's individual needs.

Staff were happy in their job role and felt supported by the regional manager and home manager through meetings. People and their relatives had no current complaints about the service. Concerns and complaints raised were investigated by the provider.

The provider's regional manager and home manager checked the quality of the service to make sure people's needs were met. There was recognition that improvements made needed to be embedded into the service. Audits had identified the need for further improvements to be made to the service and these were 'work in progress.' The provider, regional manager and home manager understood their regulatory responsibilities and with other organisations and healthcare professionals to ensure positive outcomes for people who lived at the home.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

Medicine trolleys were not always left secure and manufacturer's guidance was not always followed in relation to some medicines. Accidents and incidents were not always used to prompt a review of a person's risk management plan. Storage of disposable wipes on toilet cisterns posed potential risks of cross infection.

Staff took actions to minimise the risk of harm or injury to people. People had their prescribed medicines available to them. The provider had a system to safely recruit staff.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Staff were trained but did not always follow their training in their care practices.

Staff worked within the principles of the Mental Capacity Act 2005 and care records recorded information about people's mental capacity. People's nutritional needs were met.

Is the service caring?

Good ●

The service was Good.

When staff interacted with people they showed kindness toward them and involved people in making day to day decisions about their care. People's privacy and dignity was maintained.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

There were limited opportunities to take part in activities. People had individual plans of care but these did not always reflect their involvement. Concerns and complaints were listened to. People were supported with end of life care following best practices.

Is the service well-led?

The service was not consistently well led.

Some improvements had been made and needed to be embedded into the service. Other improvements were 'work in progress' based on the provider's findings from audits and checks undertaken.

Requires Improvement 

Harmony House

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 comprehensive inspection took place on 3 December 2018 and was unannounced. Two inspectors, an assistant inspector, a specialist advisor and an expert by experience undertook this inspection. The specialist advisor who supported this inspection visit had experience and knowledge in nursing care. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. The expert by experience on this inspection had experience of learning disabilities services.

Prior to our inspection visit, we reviewed the information we held about the service. We reviewed statutory notifications sent to us from the provider. A statutory notification is information about important events which the provider is required to send us by law. We reviewed the 'share your experience' information we had received. This is information that people who use the service/ relatives/members of the public or social care professionals want to tell us about. These can be concerns or compliments. We also contacted the local authority commissioners and local Clinical Commissioning Group (CCG) to find out their views of the service provided. These are people who contract care and support services paid for by either the local authority or continuing healthcare. Information received was considered as part of our inspection planning.

Most people were cared for in bed and we spent time speaking with people in their bedrooms. We spent time with people who used the communal areas of the home; where people interacted with staff. This helped us judge whether people's needs were appropriately met and to identify if people experienced good standards of care.

During the inspection visit we spoke with 10 people that lived at Harmony House. We spoke with seven people's relatives, two care staff, the activities staff, one chef, one kitchen assistant, one housekeeping staff, maintenance staff, two nurses, the home manager, an interim support operations manager and the provider's regional manager.

We reviewed five people's care plans, six weekly recording booklets, and eight medicine administration records. We also looked at the management records of the quality assurance audits the manager and regional manager undertook to assure themselves people received a safe, effective quality service.

Is the service safe?

Our findings

At our last inspection we found risks of potential harm to people were not consistently identified. Where risks had been assessed, actions to minimise those risks were not consistently followed by staff. We rated this key question as Requires Improvement. During this inspection visit we found improvements had been made in assessing risks and, overall, actions to mitigate risks were taken. Some further improvements were still required and the rating remains Requires Improvement.

Individual risks to people had been identified and management plans were in place to reduce the risks of harm or injury. For example, risks associated with skin damage, malnutrition, falls, and moving and handling. Scheduled reviews of people's risk management plans took place. However, an accident such as a person falling, was not used to prompt a risk management review to assess whether any more actions should be taken to reduce the risk of the person having further falls.

Risk management plans were in place for people identified as at risk of developing sore skin. One person's care plan reminded staff of the importance to support one person to reposition and their 'Weekly Booklet' recorded staff had followed the management plan instructions. Some people had special air-flow mattresses to mitigate the risks of them developing skin damage. However, we found staff had not consistently checked to ensure the air-flow pumps had the correct setting for the person's weight. This posed potential risks of the air-flow mattress not having the desired effect. The regional manager and home manager assured us immediate action would be taken so air-flow pumps were correctly set and devise an effective system so staff's daily bedroom 'checks' included this.

People had Personal Emergency Evacuation Plans (PEEPS) in place which informed staff and emergency services of the level of support people would need in the event of an emergency.

We looked at how medicines were managed in the home to make sure people received their medicines when needed and as prescribed. Staff completed medicines administration records (MARs) when they had given people their medicines. MARs we looked at indicated people had received their medicines as prescribed. Some people were prescribed paracetamol, for example, 'when required' and protocols were available to tell staff when to administer 'when required' medicines.

Some people had their medicines through skin patches. Nursing staff had not consistently followed the manufacturer's instructions that related to 'rest periods' when one person's medicinal skin patch should have been removed for a period. The home manager who took immediate action to seek guidance from the pharmacist and the person's GP. Nursing staff used body maps to record where people's skin patches were applied on their body, but these did not clearly or consistently evidence the manufacturer's guidance was followed. The regional manager assured us they would ensure skin application sites were rotated and recorded clearly in future.

Overall, medicines were stored and kept safely and in accordance with manufacturer's instructions to ensure they remained effective. Medicines that required extra checks because of the potential for abuse,

were managed safely and in accordance with the legislation. However, one nurse left the medicine trolley unlocked, with a lot of medicines left on top of the trolley whilst they went into people's bedrooms to support them to take their medicine. The nurse did not have direct sight of the medicine trolley and left the medicine unattended for ten minutes. We pointed this out to the interim operations support manager who assured us this was not accepted practice and it would be addressed with the nurse.

Some people had a lot of stock medicine, for example one person had 300 paracetamol tablets. The home manager told us medicines stock management was a part of their identified planned improvements.

Staffing levels were not sufficient to consistently meet people's individual physical and emotional needs. Staff told us they thought there were enough staff to support people safely but said their time was mainly focused on meeting people's physical care needs. The regional manager told us staffing would be increased as numbers of people living at the home increased, and the home manager assured us they would monitor staffing levels based on people's dependency needs.

When needed, the provider had used agency staff to cover staff absences and / or vacancies on some shifts so people's physical needs continued to be met in a safe way. The home manager told us during the past month agency staff had covered 708 hours. The home manager told us two care workers had just been recruited and other vacancies were currently advertised. Following our inspection visit, the regional manager told us an offer had been made for one nurse vacancy.

People felt safe living at the home and were supported by staff who had been trained in safeguarding people from abuse. Staff told us they would report any concerns they had to the managerial team. The regional manager and home manager understood their legal obligations to report safeguarding incidents to the local authority and the Care Quality Commission (CQC). There had been 26 safeguarding incidents, so far, during 2018. These had been investigated and actions taken to minimise reoccurrence.

The provider's recruitment procedures minimised risks to people's safety because checks were undertaken to ensure the suitability of staff. The four staff recruitment files we looked at showed checks had been made with the Disclosure and Barring Service (DBS) and references had been sought.

The home was clean and tidy, and housekeeping staff told us they cleaned the home and bedrooms every day. Personal protective equipment, such as gloves and aprons, were available to staff, who told us they used these whenever they undertook personal care tasks.

Lessons had been learnt by the provider and improvements had been made to reduce the risks of cross infection. During 2017 and early 2018, concerns had been shared with us that related to staff's poor hygiene practices for people who had Percutaneous endoscopic gastrostomy (PEG) tube. A PEG is where a tube is passed into a person's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate. Sealed plastic containers were now used to store equipment which reduced risks of cross infection and the regional manager had received positive feedback from the PEG specialist nurse during 2018 about improvements made.

However, we found some people's personal care packs of disposable wipes were stored on top of their toilet cistern which was not good practice. The regional manager assured us staff would be reminded that no items should be stored on toilet cisterns.

Is the service effective?

Our findings

At our last inspection visit we found communication between nurses was not always detailed and people's weights were not always monitored. Care records around people's mental capacity had been inconsistent. We gave a rating of Requires Improvement. At this inspection we found improvements had been made to care records which informed staff of people's capacity to retain information and how best staff could support people to make independent choices. There was 'work in progress' to make further improvements to the effectiveness of the service and embed those into day to day care practices. The rating remains Requires Improvement.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA), whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The regional manager and home manager understood their responsibilities under the Act. There were 12 people with an approved DoLS and eight applications to restrict someone of their liberty had been applied for. Staff understood their role in protecting people, and worked within the principles of the MCA. People confirmed to us that staff asked for their consent before, for example, supporting them with personal care.

Staff received an induction when they first started working in the home and completed refresher training to keep their skills up to date. The induction included the completion of mandatory training through online self-guided learning and group sessions. The provider maintained a staff training matrix which ensured staff completed essential training on an ongoing basis to ensure they had the knowledge and skills to care for people safely and appropriately. However, there were a few occasions where we found staff had not consistently followed the training they had been given. For example, we observed one nurse handling a person's tablets without wearing gloves which posed risks of contamination and cross infection.

People's hydration and nutritional needs were met. People were satisfied with the food overall. However, one person told us, "The porridge has been like cardboard over the past few days." A few people suggested it would be nice to have more choices and not 'beef casserole followed by pork casserole the next day.' Staff asked people to make choices about their meal the day before. However, for people living with dementia, this may have been confusing. Overall, people received the support they needed from staff during mealtimes. We observed support staff offered people at lunchtime and overall, this met people's needs. However, we saw one person was not supported to cut up their sausage, so they had picked it up to bite pieces from it.

Improvements had been made in nursing staff's knowledge and the guidance available for them to refer to, for people who received their nourishment through a Percutaneous endoscopic gastrostomy (PEG) tube. Following identified concerns, the local Clinical Commissioning Group (CCG) had arranged for support and training for staff to ensure best practices were followed. During our inspection visit we found improvements had been made.

People had individual fluid targets and improvements had been made in staff recording important

information in people's 'weekly booklets.' Actions were described for staff to take when a person did not achieve their fluid target so that risks of dehydration were minimised. Staff followed healthcare professional guidance to reduce risks of some people choking. People's weights were monitored, and where needed, people had additional snacks including milk shakes to increase their nutritional intake.

A quality monitoring visit undertaken by the local CCG, during August 2018, had found nursing staff did not consistently make timely referrals for people to community services, such as dentists. The provider had learnt from the CCG's feedback, and, overall, improvements had been made to ensure staff supported people to access healthcare professionals when needed. For example, half of the people living at the home had recently had dental visits and the regional manager told us, where needed, further visits had been arranged.

People's records contained information on communication with professionals such as GPs, dieticians and speech and language therapists. However, one person's skin had been sore for a very long time due to moisture. Nurses told us that the items currently prescribed had not promoted healing, however, they had not sought further guidance for this person from a skin care specialist.

Communal areas of the home were available for people to use, though during our inspection visit, overall, people made little use of these and preferred to stay in their own bedroom. Some communal lounges were used to store people's wheelchairs, which portrayed an image of a storage area rather than an inviting lounge to spend time in. The service is purpose built and has 57 single, ensuite, bedrooms over two floors.

Is the service caring?

Our findings

At our last inspection we rated 'caring' as Requires Improvement. People and their relatives felt staff were kind and caring and involved in decisions about their care. But, we found staff's attention to people's personal grooming and dignity was not consistent. At this inspection we found the provider had taken action to ensure staff were consistent in their caring approach toward people. The rating is now Good.

People spoke highly of the staff and said they were 'kind and caring' toward them. One person said, "Whenever staff support me, they are always kind. One relative told us, "I only have to ask staff, they are lovely. They seem to care for everyone." Another relative said, "I think the care here is superb, the staff can't do enough, they are very good."

Improvements had been made in staff consistently supporting people with their personal appearance. People and their relatives were satisfied with the level of support staff gave them / their family member, to maintain their personal hygiene and appearance. One person told us, "They give me a good wash each day, I know they are busy, but they always come and help me freshen up so I look nice." During our inspection visit, people's personal appearance reflected they had received the support from staff to maintain their dignity. People told us, and we observed, staff respected people's privacy and dignity. When bedroom doors were closed, staff knocked on the door before entering.

People felt involved in making decisions about their day to day care and support. Most people told us they chose to stay in their bedrooms; either in bed all the time or sitting in a chair in their bedroom during the daytime. One person said, "I just want to stay in bed all the time where I am most comfortable."

People and their relatives had the opportunity to attend 'Resident and Relative' meetings at the home. One person told us, "There was one recently when the new manager introduced herself, but I think only three people attended." The regional manager explained they had an 'manager's office open door' policy and relatives took the opportunity to share their views, when they visited family member. Relatives confirmed this was their preferred way of being involved with their family member's care and support.

The regional manager and home manager were currently creating a staff photo display board so people and their relatives could easily identify staff. Relatives felt this would be useful for them so they could identify staff members.

Staff told us most people living at the home had a high level of care and support needs. One nurse said, "I'll always promote someone's independence when I can though, despite people's high care needs. If I give people their medicines, I hand them their drink to help themselves from."

Is the service responsive?

Our findings

At our last inspection we found staff were not consistently responsive in meeting people's individual needs and rated the service as 'Requires Improvement'. At this inspection we found some improvements had been made, but further improvements were still required. The rating remains as 'Requires Improvement'.

People's needs were assessed and everyone had an individual plan of care and some improvements had been made to written details in people's plans of care. However, care plans did not reflect people's, or their relative's involvement in planning their agreed care and support. The regional manager told us about 'work in progress' as people or their relatives had been invited to complete a 'This is Me' document to help staff know more about people and their likes and dislikes.

Staff had a caring approach but this continued to be task centred and meant the emotional support staff gave to people was often limited to times when task orientated interactions took place. Such tasks included times whilst a person was supported to take their medicines or when they were supported with personal care. However, people felt staff did their best to provide emotional support to them. For example, one person told us, "When a night staff member comes to check on me and tells me, 'You're strong,' I find this very encouraging." The regional manager and home manager told us the newly appointed activities staff member would spend time with people offering emotional support when needed. They would offer this on a one to one basis or by encouraging people to spend time together in communal lounge areas participating in group activities.

Some information about people's past lives had been recorded in their care plans, but this had not always been used to support and sustain people's emotional and social well-being. Some people living at the home felt socially isolated. One person told us, "It's not that the staff are uncaring, because when they are supporting me to get dressed, we chat. But, it'd be nice to have more time with them." Another person told us, "I feel lonely here." Most people told us they would like more interaction with staff 'just for a chat,' and a few said they would consider joining in group activities, when these were offered. However, staffing levels for the ground floor afternoon shifts posed a potential barrier to this because there were only three care staff on duty and many people required two staff to transfer them.

The 'Accessible Information Standard' (AIS) aims to make sure that people who have a disability, impairment or sensory loss get information they can access and understand and any communication support they need. The provider had very limited information available to people in an accessible format. For example, the regional manager told us pictorial cards were available to help people make choices about food, though we did not see these used by staff. People's care plans had no accessible format, such as a pictorial summary about their agreed care. The regional manager and home manager assured us this was something they would address.

The provider's 'how to complain or raise a concern' information was available for people and relatives in a written and pictorial format, and was displayed in the home's entrance area. A few people and relatives told us they had needed to raise concerns when, for example, care needs had not been responded to in a timely

way. One relative told us, "My family member had not been washed, and it wasn't the first time this had happened. I told [the interim operations support manager]." So far during 2018, the provider had received 12 complaints, each of these had been investigated and responded to. Records showed actions had been taken to address issues with staff where required.

The provider had received numerous compliments from relatives, for example, 'thank you' cards. There was also a display board in the home's entrance hallway, where people or their relatives could complete a card tag to record a compliment and relatives had used these to give thanks to staff. For example, compliments had been given to staff at the home from relatives following the death of their family member who had lived at the home.

The home offered people end of life nursing care. People had advance care planning about their wishes, which had been written in line with best practice; 'The Priorities of Care for the Dying Person.' Records showed people and their relatives, where appropriate, had been involved in decision making and this included people's involvement with their 'ReSPECT' assessments, where decisions had been made to 'Do Not Attempt Pulmonary Cardio Resuscitation' (DNACPR).

Is the service well-led?

Our findings

At our last inspection we found the provider had not ensured the service was consistently well led, and we rated this key area as Requires Improvement. At this inspection we found whilst some improvements had been made, these were not embedded into the service. Further improvements were still required and the rating remains as 'Requires Improvement.'

At our last inspection visit in August 2017, the home had a new manager. Since then, the new manager had left and another new manager had been working at the service for two weeks at the time of our inspection visit. For consistency, the regional manager had worked at the home for a minimum of two days a week, and an interim support manager had been employed to support the service until January 2019.

Staff told us their morale in the last few months had not been good. They felt that each time there was a management change, the new manager had a different style and way of doing things, and they continually had to re-adjust. They also felt that sometimes the management style did not support staff to feel motivated or secure. However, they were beginning to feel that the service was moving forward and they could see improvements were happening. One member of staff said, "It is better than before, we've had some bad times but now it is better." Another said, "It's been terrible over the last year. We've had that many managers with different ideas, new managers come and it all changes. I think [new manager] is going to be really good and we can put the home back to how it used to be." An agency nurse who regularly worked at the home said, "This home is going in the right direction. People input a lot and then the manager leaves and we are back to where we started. I hope this manager stays and she is supported."

During the changes, staff continued to receive support with individual and monthly team meetings to inform them of any issues, concerns or changes made to practice. Staff told us they felt able to contribute to team meetings but told us they sometimes felt that management did not listen to them. Staff shared the example of staffing numbers on the rota; when staff felt they were not consistently able to respond to people's support needs in a timely way during afternoon shifts.

The home manager told us they felt 'well supported' by the regional manager who was working alongside them during their induction into the home. The home manager said, "Things are going well so far, it's early days but in just two weeks, I have a good grasp of the provider's systems and [regional manager] is exceptionally supportive." There was no deputy manager in post to support the home manager. The regional manager told us they were currently giving consideration as to whether a nurse clinical lead post may be more supportive to the home manager, and help drive forward, and sustain, good nursing care practices through effective leadership.

There was a system of internal audits and checks undertaken within the home to ensure the safety and quality of the service was maintained. The regional manager told us their audits had identified where improvements were needed and shared 'work in progress' to address numerous areas where actions were required.

The provider had identified their system of medicine administration was not effective. At our last inspection, an electronic system was used, which the regional manager told us had not worked well. A change had been made and a 'boxed' medicine system was used, but this had also proved to be ineffective. During May 2018, the regional manager had made a further change to the system of medicine administration to reduce the risks of reoccurrence of medicine errors. The regional manager told us the current system was, overall, more effective.

The provider's September 2018 medicine audit, self-scored a 'fail' at 85%, and further actions for improvements were in progress. For example, actions included addressing nursing staff practices to ensure stocks of people's medicines were carried forward to the next month. The regional manager and home manager told us they were aware records of medicines 'in stock' were currently inaccurate. Nursing staff had only recorded the medicine trolley stock on people's MARs and not their further medicine stock in medicine cupboards. The regional manager and home manager told us they had arranged a meeting, during December 2018, with the local 'medicines management' team to help them make the required improvements to support the management of medicines.

The regional manager's home improvement plan was based on findings from regular checks and audits undertaken in the home. The regional manager told us, "The home is not where I would have wanted it to have been. I had hoped all the required improvements would now have been made and embedded into the service. However, with another change of home manager, the progress of improvements has been impacted." They added, "We are addressing some staffing practices and following the provider's performance management policy so that all staff are clear on the care standards expected."

The home had been consistently under-occupied (bed vacancies) whilst the regional manager had focused on driving forward improvements. Now a new home manager was in place, the regional manager told us people would be admitted to the home but in a manageable way of one admission per week, so that improvements could continue to be made to the service.

Staff knew how to report and record accidents and incidents and there was a system in place so that analysis could take place. There had been a total of 18 recorded accidents or incidents for October and November 2018. Analysis of each accident described actions taken to reduce risks of reoccurrence.

The provider sought feedback from people and their relatives, however, there had been a low response rate to surveys. During November 2018, a manager from one of the provider's other homes had visited Harmony House to speak with people to gain their feedback on the services. This feedback was currently being analysed so improvements could be made where needed. However, the provider had no system in place for people who were unable to verbally communicate, so their feedback could not be sought. The regional manager and home manager assured us this would be addressed and systems developed following the accessible information guidance.

It is a legal requirement that the provider's latest CQC inspection report rating is displayed at the service. This is so people, visitors and those seeking information about the service can be informed of our judgements. The provider had displayed the rating. Harmony House has a website which provides information about their services and a link to their latest CQC rating.