

Diginew Limited

Amber Lodge Nursing Home

Inspection report

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Derby
Derbyshire
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 16 and 17 May 2017. The first day was unannounced. At our previous inspection during March 2016 the provider was meeting all the regulations we checked. However the provider was required to make improvements under safe, effective, caring, responsive and well-led. At this inspection we found that some improvements had been made, but further improvements were needed under safe, caring and well-led.

Amber Lodge Nursing Home is registered to provide nursing care, for up to 40 people older people living with dementia and or a physical disability. At the time of our inspection there were 31 people using the service. The service is located within a residential area of Derby. There are bedrooms on the ground and first floors. Access to the first floor is via a stairwell and a passenger lift. Communal areas were located on both floors.

There was a registered manager in post. 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 arrangements for staff recruitment were not always thorough, which did not ensure suitable people were employed. We found that all the required pre-employment checks were not always in place. Medicines were generally safely managed. However we found that medicines recording was not robust to ensure there was a clear audit trail in place.

Personal emergency evacuation plans, did not provide information on the level of support a person required in the event of fire or any other incident that required the home to be evacuated. This did not provide assurance that people would receive the appropriate level of support in an emergency to keep them safe.

The provider was not clear about their responsibility in notifying the CQC of all incidents and events that the provider was required by law to tell us about. They had not notified us when people's Deprivation of Liberty Safeguards (DoLS) authorisations had been approved by the supervisory body. After our discussion with the registered manager these were submitted following the inspection visit.

The provider did not have robust systems in place to monitor the quality of the service to enable the registered manager and provider to drive improvement.

Staff did not always feel supported by the management of the service.

Risk assessments and care contained clear information on people's care needs. Staff told us that they had relevant information on how to minimise identified risks to ensure people were supported in a safe way. There were sufficient staff available to support people.

The provider understood their responsibility to comply with the requirements of the Mental Capacity Act 2005. Staff knew about people's individual capacity to make decisions and supported people to make their own decisions

People who used the service were positive about the support they received. People told us they felt safe at the service. We saw staff interacting with people in a relaxed and friendly manner. People were supported to socialise and take part in activities to promote their wellbeing. However we found that staff were not always caring in their approach. For example some staff did not always use suitable term when talking about people who required assistance at meal times.

People were supported to maintain a diet that met their dietary needs. People were supported to use healthcare services. People were supported to maintain relationships which were important to them.

The provider's complaints policy and procedure were accessible to people who used the service and their representatives. People told us they felt if they raised any concerns these would be taken seriously and would be addressed by management.

People and relatives we spoke with felt people were safe at Amber Lodge Nursing Home. The provider had taken steps to protect people from harm. Staff had an understanding of potential abuse and their responsibility in keeping people safe.

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.

Recruitment procedures did not ensure suitable staff were always employed. Medicines recording was not always clear to ensure a clear audit trail was in place. There were sufficient numbers of staff to meet people's needs. Staff told us they followed the guidance in people's risk assessments and care plans when supporting them. People were safeguarded from abuse because staff knew what action to take if they suspected abuse was occurring

Is the service effective?

Good 

The service was effective.

People's needs were met by staff who had received training to provide them with the knowledge and skills to meet people's needs. The provider and staff understood the principles of the Mental Capacity Act 2005 so that people's best interests could be met. People were supported to eat and drink enough to maintain their health. Staff monitored people to ensure any changing health needs were met.

Is the service caring?

Requires Improvement 

The service was not consistently caring.

We saw that on occasions, there was limited interaction between some staff and people as staff focus was on the completion of tasks. Staff supported people to maintain their dignity and privacy. However we observed that some staff did not use dignified terms when referring to people who required assistance with their meals. People were supported to maintain relationships which were important to them.

Is the service responsive?

Good 

The service was responsive.

An activities coordinator was employed at Amber Lodge Nursing Home, who supported people to take part in hobbies and

interests they enjoyed. The provider's complaints policy and procedure was accessible to people and they were supported to raise any concerns.

Is the service well-led?

The service was not consistently well-led

The service had a registered manager in post. However the provider was not always clear under which circumstances they were required to submit notifications to the CQC. Some staff felt that the leadership and management of the service was not always effective. There were improvements in the governance and quality assurance systems.

Requires Improvement 

Amber Lodge 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 was 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 first day of this inspection was unannounced. This inspection took place on 16 and 17 May 2017.

The inspection was carried out by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection visit, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. As part of our planning we reviewed the information in the PIR. We also reviewed the information we held about the service, which included notifications. Notifications are changes, events or incidents that the registered provider must inform CQC about. We contacted commissioners and asked them for their views about the service. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

We spoke with five people who used the service and 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 to us. We also spoke to three visitors, the registered manager, four nurses, three care staff, the activities coordinator, kitchen assistant and the administrator.

We reviewed records which included three people's care records to see how their care and treatment was planned and delivered. We reviewed two staff employment records and other records which related to the management of the service such as quality assurance, staff training records and policies and procedures.

Is the service safe?

Our findings

At our previous inspection in March 2016 we found that not all safeguarding concerns had been reported to the safeguarding team at the local authority for investigation by the registered manager.

At this inspection we found the provider had processes in place to ensure safeguarding concerns, were reported to the local authority safeguarding team for further investigation and monitoring. Records showed the process had been used appropriately and we had been notified of these referrals. This provided assurance that potential safeguarding allegations were reported in line with local safeguarding policy and procedures.

People and relatives we spoke with said the service provided safe care. A person said, "I feel safe here." A relative told us, "We feel our mother is safe here, far safer than living at home." Another relative said, "I feel mother is safe living here. She has previously had respite in a residential home where I didn't feel she was safe. There is more room to move around and less people than the other home."

Staff were aware of how to report and escalate any safeguarding concerns that they had. Staff could tell us what actions they would take if they had concerns for the safety of people who used the service. Staff explained if they had concerns for the safety of people who used the service, they would report their concerns to the management team. Staff told us and records showed staff had undertaken training to support their knowledge and understanding of how to keep people safe. People were protected by staff who knew how to recognise signs of suspected abuse. One staff member said, "If a person appeared withdrawn or if they flinched when you approached them. I would share this with the registered manager. As it could be an indication that something was wrong." This demonstrated that staff understood their responsibilities to keep people safe and protect them from harm.

At our previous inspection in March 2016 we found that recruitment procedures were not robust. At this inspection we found that further improvements were still required in this area.

We looked at two staff recruitment files which showed the staff employed had been subject to the required pre-employment checks. Checks included the Disclosure and Barring Service (DBS) checks and references. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. The provider also carried out checks to ensure nursing staff were registered with the appropriate professional body, ensuring they were registered to provide nursing care. Staff we spoke with told us that as part of the recruitment process, pre-employment checks were completed before they commenced employment. This included attending an interview, they provided proof of identification and DBS checks were completed prior to them commencing employment. However one staff file did not have a full employment history in place. This meant the provider was not always undertaking thorough recruitment checks to ensure staff were safe to work with the people who used the service. On the second staff file we saw that a reference for this staff member had been given by the person who had conducted the interview. We discussed this with the registered manager, who confirmed that they would take immediate action to address this and would be checking all recruitment files to ensure

all the required information was in place.

At our previous inspection in March 2016 we found that the management of medicines did not provide assurance that people received their medicines safely.

At this inspection people told us that they received their medicines from staff when they needed them. We saw that medicines were stored securely and safely and were not accessible to people who were unauthorised to access them. The medication administration record (MAR) charts we looked at were completed accurately. Medicines were stored at the correct temperatures for the protection of people who were prescribed medicines. However we found that for one person their medicines had not been carried forward on the MAR. This did not provide assurance that there was a clear audit trail. The registered manager told us they would be taking immediate action to ensure the recording of medicines into the service was thorough.

Staff we spoke with explained that only nurses administered people's medicines. We briefly observed people being supported to take their medicine and saw that people were supported by the nurses on duty to take their medicines in a safe way. People were given a drink and time to take their medicines. The nurse stayed with the person to ensure the medicine had been taken before recording this. We saw that people were supported to take medicine for pain relief when they required it. We observed the nurse ask people if they required the pain relief. This showed that people were supported to take their medicines as prescribed.

We observed there were sufficient staff available to support people. Most people and their relatives told us that there were enough staff to meet their needs. One person said, "I have a buzzer in my bedroom and they [staff] answer pretty good. I don't have to wait too long." Another person said, "I think there are enough staff, they know me well." A relative said, "There always seems to be enough staff." However one person said, "There's not enough staff, they're always rushed." Another relative said, "There are staff around but they are always in a rush, as they have tasks to do." Majority of the staff we spoke with told us there were enough staff to meet people's needs. One staff member said, "There is no issue with staffing levels, there are enough staff on shift." Another staff member told us, "On the whole there are enough staff. However weekends can be a problem as that's when staff ring in sick. If no one is available to cover the shift, agency staff provide cover."

We discussed staffing requirements with the registered manager. We were told by the registered manager that there was no formal tool to calculate staff requirements. The registered manager told us that staffing levels were determined by people's needs and during the initial assessment process they were able to identify if additional staff were required on the rota. The registered manager told us that in an event that cover was required for unplanned absences, they used agency staff if required. The registered manager said that they used regular agency staff who had covered shifts before at the service. The registered manager told us this provided assurance that agency staff coming into the service were familiar with the people using the service and the building. The registered manager told us that there was currently a kitchen assistant vacancy, which was being covered by existing staff.

We saw that plans were in place to respond to emergencies, such as personal emergency evacuation plans. However the plans did not provide information on the level of support a person would need in the event of fire or any other incident that required the home or areas of the home to be evacuated. This did not provide assurance that people would receive the appropriate level of support in an emergency to keep them safe. We discussed this with the registered manager they told us that they would update the plans to include the level of assistance people required in an emergency.

On day one of the inspection visit a staff member let a member of the inspection team into the service, without enquiring who they were. This did not provide assurance that the provider had taken steps to ensure people's safety and personal belongings were protected. We discussed this with the registered manager who told us that they would reinforce that all staff check who visitors were before allowing them access into the service.

People were protected from identified risks. People had individual risk assessments which showed potential risks and what action staff should take to reduce them. For example, we saw that a person was at risk of falling and the provider had put bed rails in place to reduce the risk of falling out of bed. Staff we spoke with knew about people's individual risks. They were able to explain the actions they took and the equipment they used to enable them to support people safely. Staff confirmed they had all the equipment they needed to assist people safely. A staff member said, "When supporting a person who needs a hoist to be transferred, we make sure the right size sling is used to assist the person safely."

The provider had systems in place to record incidents and or accidents. Staff we spoke with were aware of reporting incidents and completing the necessary documentation. The staff told us that they reported any incidents or accidents to the nurse or the manager on duty. This provided assurance that action was taken to ensure people's safety and wellbeing.

Is the service effective?

Our findings

At our previous inspection in March 2016 we found that the provider could not assure themselves that people were being cared effectively by staff who had appropriate skills and knowledge. Staff told us that they did not have the opportunity to regularly reflect upon their working practices and future development and training with the registered manager.

At this inspection visit we received mixed feedback from staff on the frequency of supervision meetings they received. Supervision is a meeting with a manager to discuss any issues and receive feedback on a staff member's performance. One staff member said, "It's not been long since I had a supervision meeting, I was asked if there was any specific training I would like to complete. I feel very supported." Another staff member said that they had not had regular supervision meetings with management. We discussed this with the registered manager who told us that they were aware of this. The registered manager confirmed that they had recommenced staff supervisions and had a schedule in place. The registered manager told us that initially the plan was that they would be carrying out all staff supervisions to get a picture of what was happening.

Staff told us they had received induction and training which they felt was relevant in supporting the people at the service. Staff explained that they had undertaken training in a range of areas. "I have had training in various areas and in particular I found the low vision awareness training useful." Low vision awareness training, provides staff with an understanding of sight loss and living with a visual impairment. A couple of staff felt they would benefit from having more in depth dementia awareness training and training to deal with difficult to manage behaviours associated to dementia. A staff member said, "It would be really helpful to have detailed training to manage challenging behaviours, so that you know how to react to situations." We fed this back to the registered manager who told us that they would be exploring what training opportunities were available for staff in these area and would arrange the training. Training records we looked at showed that not all staff had received training in all areas as required by the provider. We discussed this with the registered manager who told us that these staff had been booked onto courses.

The Mental Capacity Act 2005 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 people lack mental capacity to take particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible.

At our previous inspection in March 2016 we found that the provider did not have effective arrangements in place to ensure staff knew what to do when people were unable to give valid consent.

At this inspection we found that improvements had been made in this area. Staff described how they supported people to make choices and the approach they took when people refused care. For example we observed a person was refusing care and was becoming agitated. Staff left the person allowing them space and shortly afterwards returned to the person who was more accepting of care. A staff member said, "It's

important to give people a choice and asking them what they want. You need to give people time to allow them to make a decision." We saw that staff, gained people's verbal consent before assisting them with any care tasks and supporting them to make choices. At lunch time we saw people were asked about their preference in food and drink. Staff had received training in the MCA; records we looked at confirmed this.

We saw that where people lacked capacity, assessments were in place that identified people's capacity to make decisions and the support that they needed to ensure decisions were made in their best interests. For example one person's assessment stated, "Give [person's name] gentle prompts with sequencing." This is to complete a task in a particular order.

People can only be deprived of their liberty to receive care and treatment when it is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS).

The registered manager understood their responsibilities in relation to DoLS and had submitted applications to the relevant authority to ensure people were not deprived of their liberty unlawfully. At the time of our inspection two people had DoLS authorisations that had been approved by the supervisory body. A DoLS provides a process by which a provider must seek authorisation to restrict a person's freedoms for the purposes of their care and treatment.

People told us they liked the staff and felt they looked after them well. A relative said, "My mother looks more cheerful, her eyes are bright and she looks far healthier than when she lived at home. I would say she is now at a healthy weight."

People told us they enjoyed the food provided at the service. One person said, "The food is good." Another person said, "The food is alright, if you don't like something you get something else. There is enough to eat and have a drink when I want." We observed the lunch time meal and saw that people were offered a choice of what meal to eat. We saw people who needed assistance were offered this. Most staff were observed engaging with people throughout the meal. Our observations showed that staff were patient whilst they offered people support and assisted people at their own pace. The meal time was not rushed and provided a relaxed experience for people. Where people required special diets these were provided.

Records showed people's nutritional needs were assessed. The registered manager told us that people received support from other health professionals such as GP's and dieticians, where there were concerns about a person's food and fluid intake. The registered manager explained if they were concerned about a person's food and fluid intake they requested specialist support through the GP. A nurse we spoke we also confirmed this. During the inspection visit we saw the registered manager was making a referral to the GP as a person had experienced some weight loss. This demonstrated that people were supported to maintain their nutritional health.

People told us they were able to see health professionals when necessary, such as their GP. One person said, "The GP comes when I'm ill, the optician once a year and the chiropodist more often". A relative said that their family member received regular chiropodist and optician visit. Another relative said, "I recently commented how well my mother looks, far healthier than when she lived at home. I would say she is now at a healthy weight." We saw that external health and social care professionals were involved in people's care and people saw a range of other health professionals as appropriate. Staff confirmed that if they had any concerns about people's health they would inform the registered manager or the nurse in charge.

Is the service caring?

Our findings

At our previous inspection in March 2016 we found that there was limited interaction between staff and some people using the service.

At this inspection we found that improvements were still required in this area. During day one of the inspection visit our observations showed that not all staff interacted with people they supported. We saw that when a staff member assisted people during the lunch time meal, there was no interaction with two people they supported. For example there was no conversation with the people they supported. We observed that the staff member when manoeuvring a chair a person was sat on did not communicate with the person what action they were going to take. This practice demonstrated that people's dignity and comfort was not always considered. We discussed this with the registered manager who was surprised with this and told us that they would follow this up. For one person the registered manager told us that the staff member did not speak with the person whilst assisting them to eat as they were at risk of choking. However when we looked at the person's care plan and risk assessment there was no reference to this. The registered manager told us these would be updated to ensure care was being provided consistently.

During discussions with some staff we found that they used an inappropriate term when referring to people who required assistance to eat their meals as 'feeders.' This did not ensure that people were always treated with dignity. We discussed this with the registered manager and were told that staff did not usually use such terms.

Staff were able to explain how they supported people whilst respecting their privacy. We saw people were discretely prompted about their personal care needs. This demonstrated that people's privacy was respected and promoted.

Our observation of people's care showed that staff were caring and helpful. We saw that most staff approached people using the service with respect and in a kind and compassionate way. Staff interacted well with people whilst engaging in conversations with them.

Most people were unable to say whether or not they were involved in setting up or their care plans. Despite this people told us they were happy with the care and felt their needs were being met.

Information in the PIR stated that all visitors were welcome to Amber Lodge Nursing Home and that the provider felt it was important for all relatives to be able to visit their family members. A relative told us there were no restrictions on visiting. They said, "There are no restrictions on visiting." Our observation showed that over the two days of the inspection visit, some people received visitors. This demonstrated that people were supported to maintain contact with people that were important to them.

People's bedrooms were personalised. People had photographs and memorabilia in their rooms which were important to them.

Is the service responsive?

Our findings

At our previous inspection in March 2016 we found that people were not always supported to take part in activities or interests they enjoyed.

People were provided with opportunities to participate in recreational activities. One person said, "I like to watch the activities but do not take part." Another person told us, "I read my magazines and play bingo." However a relative said, "There are activities downstairs but as far as I am aware there is nothing upstairs." We discussed this with the registered manager. The registered manager explained that people from the first floor had the opportunity to come down to the ground floor lounge to take part in social activities. Also that the activities coordinator did carry out one to one activities with people on the first floor.

At this inspection we found that there was an activities co-ordinator who had been working in the role since July 2016. The activities co-ordinator told us they had enough time to provide social stimulation for people on an individual basis as well as groups of individuals. They told us about events that had taken place such as the Easter fair and celebration of people's birthdays. We saw pictures displayed of people taking part in various activities.

The PIR sent to us by the provider before our inspection visit confirmed that pre-admission assessments were completed for people prior to moving into Amber Lodge Nursing Home. The assessment process included gathering information about the person's care and support needs. People's care records showed that their needs were assessed prior to moving into the service to ensure they could be met. An initial assessment of need established whether it was safe for people to receive a service and for staff to carry out the care and support required. This had been done by gathering information from people, relatives and other professionals. A relative told us that another family member had been involved in the assessment and care plan process.

Staff we spoke with were knowledgeable about people's needs, preferences and routines. A person said, "Staff know what I like, they know mw well." Staff were able to describe to us how they met people's care needs. A relative said, "I have spoken to a nurse who seemed very informative, they checked our family members care notes and gave us answers to our questions." We discussed this with the registered manager. The registered manager explained that people from the first floor had the opportunity to come down to the ground floor lounge to take part in social activities. Also that the activities coordinator did carry out one to one activities with people on the first floor.

Care plans were regularly reviewed and updated to ensure they remained person-centred and accurately reflecting any changes to the individual's needs. This showed that the support people received was personalised to meet their individual care needs.

People and relatives told us they felt confident that any concerns or complaints they raised would be responded to and action would be taken to address their concerns. One person said, "I've never complained but I would speak to one of the nurses if I had any concerns." A relative said, "I have not had to make any

complaints." The service had a complaints procedure. Records were kept of complaints received by the provider, which showed they had been investigated and responded to appropriately. This demonstrated that people felt confident that the provider would listen to their concerns and would take action to resolve issues.

The service also collated compliments and thank you cards when received from relatives and family members. A thank you card from a relative read, "You made [person's name] feel happy and secure."

Is the service well-led?

Our findings

At our previous inspection in March 2016 we found that the provider was not clear about their CQC registration requirements in relation to submitting notifications about any changes, events or incidents that they must inform CQC about.

At this inspection further improvements were still needed in this area. Though the registered manager had submitted some notification's, they had not notified us when people's Deprivation of Liberty Safeguards (DoLS) authorisations had been approved by the supervisory body. The registered manager told us that they were not aware that they were required to submit these notifications. Following the inspection visit the registered manager submitted the legally required DoLS notifications.

At our previous inspection in March 2016 some staff told us that they felt that the management of the service was not effective and that morale was low between staff. At this inspection we found that further improvements were still required in this area.

People felt staff worked together. One person said, "It's quite a nice atmosphere, staff work as a team." Another person stated, "Its alright here, the staff are a good team and they get on alright." Prior to this inspection visit we received information of concern which suggested that the staff team were not effectively working together. At this inspection we discussed this with the registered manager who told us that this had been raised in staff meetings and he felt things had improved. A staff member said, "Generally staff get on, we support each other and work together." Another staff member told us, "The morale amongst staff is getting a lot better. Things have calmed down between staff. The registered manager had been aware of the issues." Another staff member felt that management did not address issues around unauthorised absences which impacted on staff morale. They told us, "There is a regular occurrence with some staff ringing in sick, which the registered manager needs to address. Also some staff don't work flexibly and do not work weekends." We discussed this with the registered manager who said that this had been resolved and there had been no issues since the end of last year. The registered manager told us that they would continue to monitor this.

The registered manager had been in post since 2010. This demonstrated that there had been consistency in the management of the service. The registered manager was supported by the registered person, nursing and care staff. A relative said, "It is a well-managed service." However a couple of people told us they did not know who the manager was.

Some staff were not happy with the support they received from the registered manager. One staff member said, "I've spoken to the registered manager about some issues and nothing changes or it changes for a short time and then slips back." Another staff member told us, "I feel that the registered manager is brilliant and easy to talk to. However if you raise certain issues they are not always addressed by the registered manager."

We discussed the above issues with the registered manager who confirmed that the provider had employed

a consultant. The consultant would be supporting the registered manager with the day to day management of the service. The registered manager also told us that following the inspection visit they had completed a leadership course, which they had found very useful. This included dealing with staff related matters and dealing with complaints about the service.

We saw the provider had quality monitoring arrangements in place, to monitor the quality of the service and drive improvement. These included audits such as people's care records, medicines audits. The registered manager told us that they were looking at implementing a system so that they could analyse falls and accidents to identify any patterns. Also to ensure actions would be taken to minimise the risks of a re-occurrence. People's views were sought on the running of the service. For example we saw surveys were given to people and relatives, giving them the opportunity to express their views regarding the care and support they received. We looked at the results of the 2016 satisfaction surveys and saw that people were positive about the care and services provided.

Records and discussions with staff demonstrated that staff meetings were held, to ensure they were kept up to date and involved in the development of the service. A staff member said, "The staff meetings can be beneficial. You can put items on the agenda which are then discussed at the meeting."

Systems were in place to ensure that the maintenance and servicing of equipment had taken place when required. We saw a sample of health and safety records which showed that the servicing of equipment and building were up to date. This included gas servicing and portable appliances testing. The registered manager told us that they had completed majority of the work which was identified in the fire risk assessment carried out during 2016. Following the inspection visit we received confirmation from the registered manager that the window in the laundry room had been replaced in line with the actions identified in the fire risk assessment. We saw health and safety audits were carried out which covered water temperatures and fire safety.

We received feedback from the local authority who had carried out a quality monitoring visit during April 2017 and left an action plan that identified areas which required improvements. This was a further example that the provider did not have effective quality monitoring systems, as the issues had not been identified by the providers internal systems. We discussed this with the registered manager who confirmed that they were working through the recommendations left. We saw that as a result of the feedback from the local authority staff supervisions had recommenced. Following this inspection visit we received confirmation from the local authority that they had carried out a further follow up visit after our inspection visit and were pleased with the improvements made. This included well organised files and improvements to record keeping.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the home.