Imperial Midlands Limited

Ashefields Residential Care Home

Inspection report

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Tel: 01283736863

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection was unannounced and took place on 8 December 2016. The service was registered to provide accommodation for up to 20 people. People who used the service had physical health needs and/or were living with dementia. At the time of our inspection, 16 people were using the service.

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.

At our last inspection on 21 December 2015, we told the provider to make improvements in relation to levels of staffing available to meet people's needs and keep them safe. The provider sent us a report on 13 February 2016 explaining the actions they would take to improve. At this inspection, we found the required improvements had been made. There were enough staff available to meet people's needs and keep them safe.

We had also told the provider to make improvements to ensure the way they checked the quality of the service was more effective. Again, we found that the necessary improvements had been made. There was a programme of audits in place that were effective in driving continuous improvement.

Staff gained people's consent before support was given. However, when people were unable to make decisions about their care, the provider had not assessed their capacity regarding this and was not able to show why decisions made on behalf of people were in their best interests.

People were safe and protected from harm and abuse. Staff were knowledgeable in safeguarding people and the provider referred any incidents as needed. Risks to people were assessed, managed and reviewed to minimise potential harm. People's medicines were managed safely by staff who were trained to do this. The provider had safe recruitment processes in place.

Staff were equipped with the knowledge and skills needed to carry out their roles. People were supported to maintain a balanced diet and enabled to maintain good health. When people were not able to make decision about their care and were being restricted, the provider ensured this was authorised legally.

People were supported by staff who were respectful and kind towards them. Staff knew people well and cared for people in a dignified manner. People's privacy was respected and their independence promoted. Visitors were made to feel welcome.

People were involved in the assessment and planning of their care. The service responded to people's changing needs and people received support that was individual to them. Staff knew about people's needs and preferences. There were opportunities for people to participate in activities they enjoyed. People knew

how to raise any concerns or issues and the provider acted on this.

There was a positive culture within the home and staff felt supported by the management team.

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.

There were enough staff available to meet people's needs, and the provider had safe recruitment processes in place. People were safe and protected from harm and abuse. Staff were knowledgeable in safeguarding people and the provider referred any incidents as needed. Risks to people were assessed, managed and reviewed to minimise potential harm. People's medicines were managed safely by staff who were trained to do this.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff gained people's consent before support was given. However, when people were unable to make decisions about their care, the provider had not assessed their capacity regarding this and was not able to show why decisions made on behalf of people were in their best interests. We have made a recommendation about working in accordance with the Mental Capacity Act. Staff were equipped with the knowledge and skills needed to carry out their roles. People were supported to maintain a balanced diet and enabled to maintain good health.

Is the service caring?

Good

The service was caring.

People were supported by staff who were respectful and kind towards them. Staff knew people well and cared for people in a dignified manner. People's privacy was respected and their independence promoted. Visitors were made to feel welcome.

Is the service responsive?

Good

The service was responsive.

People were involved in the assessment and planning of their care. The service responded to people's changing needs and people received support that was individual to them. Staff knew

about people's needs and preferences. There were opportunities for people to participate in activities they enjoyed. People knew how to raise any concerns or issues and the provider acted on this.

Is the service well-led?

Good

The service was well led.

There were effective systems in place to assess, monitor and review the quality of the service, and these were used to drive continuous improvement. There was a positive culture within the home and staff felt supported by the management team.

Ashefields Residential Care 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 visit took place on 8 December 2016 and was unannounced. The inspection team consisted of 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.

We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information we had received from the public. We used this information to formulate our inspection plan.

On this occasion, we had not asked the provider to send us a provider Information return (PIR). A PIR is a form that asks the provider to give some key information about the service. This includes what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share information they felt was relevant.

We spoke with eleven people who used the service, four relatives and a visiting professional. We also spoke with four members of care staff, the cook, the maintenance person, the deputy manager and the registered manager. Some people were unable to tell us their experience of their life in the home, so we observed how the staff interacted with people in communal areas.

We looked at the care plans of three people to see if they were accurate and up to date. We reviewed two staff files to see how staff were recruited and checked the training records to see how staff were trained and supported to deliver care appropriate to meet each person's needs. We also looked at records that related

to the management of the service. This included the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

Good

Is the service safe?

Our findings

At our last inspection, the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People who used the service and others were not protected from harm because there were not enough staff to meet people's needs and keep them safe. We issued a requirement notice and told the provider to put actions in place to ensure they were meeting this Regulation. At this inspection, we found that the necessary improvements had been made.

We saw there were enough staff to meet people's needs. One person told us, "There is always someone there if you need them." Another person said, "I'd call them over if I needed help; you don't have to wait long." One staff member told us, "Yes, there are enough staff for the people who are here." One visiting professional commented, "There are always enough staff available to move people when needed for treatment." The registered manager told us how they had reviewed their admission policy since the previous inspection. They said, "We don't take any emergency admissions now; we will always go out to visit people and complete a pre-admission care plan. We are realistic about meeting people's needs and think about any potential risks for the people who already live here." We saw that people's support needs were reviewed each month, and the registered manager used this information to determine the levels of staffing that were required.

We checked to see how staff were recruited. One staff member told us, "I had to have a police check and two references; one from my last employer. It all came through quite quickly, but I had to wait for it all to be in place before I started work." The staff records we looked at showed that the necessary checks had been carried out before people commenced their employment. This included checks from the disclosure and barring service (DBS). The DBS is a national agency that helps employers make safer recruitment decisions and prevent unsuitable people working in services. This demonstrated the provider had safe recruitment processes in place.

People felt safe having support from the staff. One person said, "I feel completely safe." And a relative commented, "I have no worries about my relations safety." Staff were knowledgeable about the different types of abuse that could happen and the signs they would look out for. One staff member told us, "Some people wouldn't be able to say if something had happened, but we would know there was something wrong. The person may be unsettled, they may have gone off their food and drinks, and there may be marks or bruising." Another staff member said, "If there is anything new or different about someone, we have to record it and also report anything." Staff told us they were confident that the registered manager would deal with any issues they raised. We saw that when incidents had occurred the registered manager had informed us and the local authority as required.

Risks to individuals were assessed, managed and reviewed. For example, some people were at risk of developing sore skin, and we saw that plans were in place to ensure this risk was minimised. This included some people being repositioned regularly when in bed. We saw that the frequency of times people were repositioned had been increased, and one visiting professional told us, "All the staff have had training in pressure care, and the increased repositioning for one person has been working well." Some people had

special cushions to sit on and we saw staff ensure that people had these when required. We saw that when people had specialist mattresses in place, these were maintained and set according to the recommendations in place. The records we looked at confirmed what we saw and gave staff the guidance they needed.

Some people were at risk of falling, and we saw that staff had reviewed them and input had been received from relevant professionals, for example occupational therapists. Staff told us how they would report any changes in people's mobility to the registered manager and we saw that people's care records were updated to reflect changes in their care. This meant that staff had clear guidance to follow to reduce potential risks. When people chose to spend time in their own bedrooms, there were systems in place to enable them to get assistance if needed. One person told us, "I have a button in my bedroom, if I need help, I press it and they come." We saw that another person had a pressure mat in their room, which would alert staff to check on them, as they were not able to press a call bell.

We saw that people had personal evacuation plans in place, and that these were colour coded to reflect the level of support people needed. People's bedroom doors then showed that corresponding colour. One staff member told us, "We had to change the colour coding just last week for a couple of people whose needs had changed. It helps us all to have this visual reminder." We saw the provider had considered potential risks when decisions were made about the location of people's rooms. For example, no one with very high support needs had an upstairs bedroom. We saw there was a programme of monthly checks to monitor staffs responses to emergencies.

People received their medicines as prescribed. One person told us, "They are very good and make sure I've had everything that I need." We observed people being given their medicines. We saw that staff would stay with people whilst they took their medicines to ensure they had taken them. We heard staff encouraging people to have a drink with their tablets, and verbally prompted people to take the medicines as directed. For example, one staff member reminded a person to suck a particular tablet, rather than chew it. Some people needed to have medicines 'as required' rather than every day. One person told us, "If I am in pain in the night, I ring the bell and the staff come. They will give me pain relief tablets, depending on what I've already had in the day." Staff asked people if they needed any pain relief and we saw that information was contained in their care plans that described the signs staff should look out for if people were not able to request these medicines verbally.

Staff received training before they were able to dispense medicines to people. One staff member said, "We have annual refresher training, and the manager will complete competency checks in between times to make sure we are doing it right. We're also about to have an update from the pharmacist, and they give us practical training as well." Staff told us how they would check the previous shifts medicines administration records before dispensing further medicines. One staff member commented, "It's a good way of picking up any errors quickly, and then we can sort any issues out straight away." We saw that staff recorded when people had received their medicines on the administration records. The records we checked were up to date and completed fully. These also included information about stock of medicines that were available, and these were correct. Medicines were stored securely to ensure that only authorised people had access to them. When medicines needed to be kept in a refrigerator, this was done, and the staff monitored the temperature to ensure that these medicines were kept according to the manufacturer's instructions.

Requires Improvement

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides the 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 capacity to make particular decisions, any made on their behalf must be in their best interests and least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS).We checked whether the provider was working within the principles of the MCA, and whether any conditions are authorisations to deprive a person of their liberty were being met.

We were told that some people did not have the capacity to make decisions about their care and support. One staff member commented, "There are some people who can't make certain decisions for themselves." Staff were aware of how the MCA impacted on their roles, and one staff member said, "If people can't make a decision, we have to think of what would be in their best interests, either to keep them safe or reduce possible anxieties." We saw the provider had considered people's capacity within their care plans and these reflected how care should be delivered in a manner that was in people's best interests. However, when the provider had assessed people's capacity, this had not been based on specific decisions about their care. We discussed this with the registered manager and they acknowledged that improvements were needed to ensure they followed the principles of the MCA and its associated guidance.

We recommend that the registered manager should identify the people who were not able to consent to their care and support. And following this, they should complete the necessary capacity assessments and evidence why receiving the support is in the person's best interests.

We saw that when needed, applications to deprive people of their liberty had been made. Staff were aware of the DoLS authorisations that were in place, and knew the reasons for this. One staff member said, "Some people need certain restrictions in place to keep them safe in their home environment, and they don't understand why. In theory, we are taking away their rights, but in some situations we have to do this for their safety." Another staff member commented, "It doesn't apply to everyone, as some people do have the capacity to make their own decisions."

When people were able to make decisions about their support, we saw and people told us that staff gained their consent prior to assisting them. One person said, "They ask me what help I want." Another person commented, "They will always check that it's okay to help me before they do." We saw there was a recognition of people's ability to make decisions within their care plans, and when able to, people had signed their care plans and service agreements. Even when people found it hard to understand certain things, we saw the staff offer choices to people and gain their agreement in a meaningful way. For example, if people were reluctant to eat, they were shown various options to assist them in making a choice.

Staff received an induction when they started their roles. One staff member told us, "To begin with I was

taken round all the rooms and introduced to the people living here. I then spent three days shadowing one of the experienced staff members. I was given time to read through people's care plans so I could understand more about them and the help they need." The registered manager said, "We look at each staff member individually, and their induction continues until they are ready to carry out their roles on their own. Some need longer shadowing other staff, and if they need this, then it happens. We have also had times when new staff have not passed the probationary period, and they no longer work for us." This demonstrated the registered manager assessed the skills of new staff and responded to this accordingly.

The registered manager supported staff to complete the national Care Certificate that sets out common induction standards for social care staff and had introduced it for new employees. The Care Certificate has been introduced nationally to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. One staff member told us, "I've been doing this for the past six weeks, and really enjoying it. It's been a good part of my induction and has helped me to understand how the people we support should be helped."

Staff received training that helped them develop the knowledge and skills needed to support people. One staff member told us, "We've always got some kind of training happening, and it usually takes place for the whole staff group." Staff were able to describe how they put their learning into practice. One staff member said, "Since I attended the dementia training, I've been looking at how to make the home easier for people to find their way around. We are now using a lot more colour coding which should help people. It's important that we try to understand how they may see things; look at it from their perspective."

Staff were supported in their roles and received supervision sessions every two months. They said they had an appraisal twice a year with the registered manager or the deputy. One staff member said, "We can discuss anything; from personal things to any concerns we have about the people who live here or if there are any staff issues." This demonstrated the registered manager had systems in place to assist staff in their day-to-day work.

People enjoyed the food, and one person said, "It's very good." People were able to make choices about the meals they had. One person told us, "Even though I am a funny eater, they always accommodate me." We saw that mealtimes were flexible and took people's preferences into account. The registered manager told us, "People can get up when they chose; there is no set time for breakfast. If people prefer, they can have their meals in their rooms, and some chose to have breakfast in bed." We saw that people went into the dining room at different times for their breakfast.

We observed staff support people to have their meals and drinks independently. For example, one staff member said, "If you open your eyes, you'll be able to see the food and get it for yourself." The person did this and was then able to eat from the plate themselves. One staff member prompted another person to tilt their head back slightly so they could have their drink. They were then able to have their drink without the staff member holding the cup. We saw that people were asked if they had finished their food before their plates were taken away, and were not rushed into finishing their meals.

We saw that the lunchtime meal was adapted to reflect people's choices and needs. For example, some people chose smaller portions, others chose not to have the sauce, and some people needed their food to be mashed. We saw that alternatives were available, and these were prepared as people had requested. The cook was knowledgeable about the different diets that people needed. They told us, "The staff gave me a list of the different diets people had when I started, and as things change, they keep me informed."

When needed, staff recorded people's food and fluid intake on charts. This meant they were able to see who was at risk of not having enough to eat or drink. We saw that people were referred to a specialist when there were concerns about them maintaining a balanced diet. Staff followed any recommendations that were made, and we observed staff taking time with people to encourage them to eat and drink. We saw that some people were offered nutritional supplements when they were reluctant to eat whole foods. Other people had easy access to snack foods when they did not want to eat full meals. We saw that people's weight was monitored when needed and actions were taken if there were any concerns.

People had access to healthcare professionals when required. One person told us, "They will call the doctor if I need it." We saw that referrals were made to various healthcare professionals when needed. One visiting professional said, "They are good at referring people on to us when needed, and some of the staff are really pro-active in making sure things are acted upon." We were told that people were kept informed about any changes in the healthcare needs of people. One relative commented, "If anything is wrong with my relation, they will phone us straight away." People were also consulted about any healthcare decisions. One relative told us, "Taking my relation to hospital is very traumatic for them; so we talked to the GP and the staff. We asked them to keep my relation here rather than hospital wherever possible, and this is what they do now." This demonstrated that people were supported to maintain good health.

Good

Is the service caring?

Our findings

Positive caring relationships had been developed. One person told us, "I would describe the staff as people you would want to have looking after you." One relative commented, "My relation is well looked after at all times by caring and friendly staff." In all of the interactions we observed, staff were kind and polite to people. They spoke in a respectful, unrushed manner. When supporting people, we observed staff explain to people what was happening. One relative told us, "The staff do care, and will explain what they are doing as they help people." We looked at various thank you cards that had been received from relatives of people who used the service, and these confirmed that people had been supported with kindness and compassion.

The staff knew people well. One person commented, "The staff know about my condition and what help I need." Another person told us, "The staff know all about me; not just about the help I need, but also about me as a person." One relative said, "I feel the staff know my relation better than I do now." We were told how staff had been included in people's lives. One staff member told us, "It made me feel really proud when I was asked to do the eulogy for one person recently. I also wanted to do something for their relative, so I got a picture of their relation and put in a nice frame for them. They told me that I was their 'little treasure.' Its things like that that makes the difference for people." This demonstrated that staff were caring in their approach.

People were enabled to make decisions about their day to day care. One person told us, "The staff will ask me what I'd like to do; sometimes I need them to encourage me to do things, and they know this." Some people who were living with dementia found it difficult to make decisions about their day to day care. We observed staff supporting people to do this. For example, one staff member asked a person if they would like to sit at the dining room chair for their meal as opposed to remaining in their wheelchair. The person did not respond. The staff member then showed the person the chair and encouraged them to feel it. The staff member said, "I'm sure you would be more comfy on there, your feet will be able to touch the floor." The person then moved to the chair and smiled as they then sat there for their meal. This demonstrated that staff would give people information in a way they could understand, which enabled them to make certain choices.

People were supported in a dignified manner. For example, we observed people being transferred using a hoist. We saw that staff were mindful of people's dignity when doing this by ensuring that people's clothing covered them. We observed staff discreetly wiping people's hands and face after they had eaten to ensure that they didn't have food on their skin. This was carried out in a way that was respectful to them and didn't draw attention to them needing this support. One staff member said, "We always knock on people's doors before we enter their rooms, then make sure the curtains are shut before we assist them." Another staff member said, "There are privacy screens available to use in the communal areas if needed." This meant that people's privacy was considered when receiving care and support.

People were encouraged to be as independent as they could be. One person said, "The staff encourage me to walk. If it's a day when I don't feel up to it, they will be persistent. But if I'm persistent too, they will listen to me. It works well; they get the right balance between encouraging me and respecting my choice." The

registered manager told us, "We've now ordered some different crockery which should assist some people to eat their meals on their own. We do try to look at what people can do rather than assume that we have to do things for them." This meant that people were supported to have some choice and control in their lives.

We saw and people confirmed that family members and friends were able to visit people who used the service. One person told us, "My family visit when they can." One relative said, "I am made to feel welcome when I visit. The staff will make me a drink if I want. In fact I had pies last week which were delicious." Another relative commented, "I come every week; you can come whenever you want. A family member sometimes comes at meal times and helps our relation to eat." This demonstrated that visitors were welcomed and there were no restrictions as to when they called.

Good

Is the service responsive?

Our findings

People and their relatives were encouraged to contribute to the assessment and planning of care. One person commented, "I was asked all about me when I came here. They asked me lots of things." One relative told us, "I had my say in the care plan when my relation moved in. They listened to what my relation liked and disliked." We were told that people received care that was individual to them, and one relative said, "Each person gets individual care." People received care that was responsive to their needs. One relative commented, "What is brilliant is that they have managed to keep my relation here and meet their changing needs so they don't have to move." We observed a staff handover, and saw that important information about each person was passed onto the next shift. Staff were told verbally if there were any changes to people, and when referrals needed to be made to other professionals.

We saw that people had care plans that contained information that was personal to them. People were aware that care records were kept about them. One person told us, "There is the file that has information about me. The staff write things in it." One staff member said, "I find that people's care records are all personalised to each one. They really help me to understand the person and about their past as well. They give the information we need to do the job." Another staff member commented, "If we see that anything has changed, we will tell one of the seniors. They then review the information to make sure it's all up to date." We saw that people's care records were amended to reflect any changes in their needs. We saw that people's care records were stored securely so that information remained confidential to them. These were kept in an area that was accessible to staff so they were able to refer to the care plans when needed.

There were opportunities for people to take part in activities they enjoyed. One person told us, "They put the music on and I play an instrument. An accordionist comes in and they are good." Another person said, "I like to watch the television." Some people chose to spend time in their rooms during the day. One person commented, "I prefer to do this as it's quieter." One relative described some of the activities that were organised such as going to the pub for a meal. We observed staff sitting alongside people and supporting them in a craft activity. People were able to join in with religious services if they chose. One person told us, "They sing hymns and perform communion. I can choose to join in if I want to." We saw that a new conservatory area was being built to the side of the main lounge. The registered manager told us, "This will really benefit people, as at the moment the lounge can be too big and busy for some people. By having this extra area, it will mean that there will be more options available for people." We discussed with the registered manager how staff could support people who were living with dementia to engage in further activities that would be of benefit to them. For example, by people having more things of interest close to them or different sensory items.

People knew how to raise any issues of concern. One person said, "If I had a complaint, I would tell the staff." Another person told us, "If I had a problem, I would go to the head carer and put it to them. They'd smooth it out; but I've not had to do this so far." One relative commented, "I know that I could speak with the manager if there were any issues. They do listen, and we can discuss anything." The provider had a complaints policy in place and a system to manage and monitor these. We saw that an annual survey was sent out to the relatives of people who used the service. The registered manager then used this information to make

improvements within the home.

Good

Is the service well-led?

Our findings

At our last comprehensive inspection, whilst the provider was not in breach of any regulations, we found that improvements were needed to ensure the audits were more effective in identifying any shortfalls and driving continuous improvement. We saw that an audit programme had been implemented, but the information was not used to identify any trends. At this inspection, we found that the required improvements had been made.

The registered manager told us, "The audit process we now have has made a real difference." We saw that accidents and incidents were recorded and analysed, and any trends were then identified. The registered manager said, "We were able to put all the information together like a jigsaw, and because of this we made various changes." We saw the occupational therapist had been involved, and following their recommendations, the number of falls for people had decreased. We also saw that the registered manager and provider had implemented medicines audits. These had highlighted some areas that required improvement, and we saw that these improvements had been made. For example, recording the stock levels of any controlled medicines. The registered manager also conducted a daily walk round at different times, and they told us, "These spot inspections have had a real impact. Any issues are then brought up in the handover meetings." We saw that care plans were audited to ensure they were up to date and the information was correct for each person.

People spoke positively about their experiences of the home, and one relative commented, "I couldn't wish for a better care home for my relation." Another relative told us, "I like the fact that they are continually improving the home; spending money on the place such as these new chairs. It's an excellent idea to have the conservatory and splitting the lounge so people can choose whether to sit where the TV is or where it is quieter." We saw that the staff picture board was being updated so that people were able to put names to faces and have clear information about which staff worked in different roles. The registered manager operated an 'open door policy' and this was displayed by the front door to encourage people to approach them if needed. There was also a suggestions box where people could place any comments if they chose.

Staff felt supported in the roles and enjoyed their work. One staff member commented, "Everyone has been looking out for me; we all get on well together and work as a team." Another staff member said, "The manager is massively approachable; they and the deputy have supported me through a lot. I know I can be open and honest with them." Staff were involved in developing the service. One staff member told us, "We are asked what can happen to improve things here; like making the rooms more personal for people with the coloured walls and different bed coverings. We also needed to bring in changes with people's wardrobes so that everyone had their own correct clothes in the right place. The changes happened straight away. Things may still get muddled sometimes, but now we check, they should be put right sooner." We saw that a staff survey had been completed and the registered manager held regular team meetings. One staff member commented, "We have regular staff meetings; usually one a month. But I know I can speak to anyone at any time if there is something I need to talk about." This demonstrated the provider encouraged an open culture within the home and encouraged staff to share their views.

Staff were aware of the whistle-blowing policy that was in place. This supports staff to raise any concerns they may have, anonymously if they preferred. On staff member told us, "If we've got any problems or something we're not happy about, we can ring up. We all have the number and can also contact the provider if there is anything."

The registered manager was supported by the provider and they told us, "The provider is very good and will give us what we need to make any improvements." Staff told us the provider visited the location regularly, and one staff member commented, "They know everyone that lives here and all the staff."

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. It is also a requirement that the latest CQC report is published on the provider's website if they have one. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating in the reception area. The registered manager understood their responsibilities as a registered person. They maintained detailed, accurate records that were kept securely, and had notified us of any significant events that had occurred.