

The Royal National Institute for Deaf People RNID Action on Hearing Loss Gallaudet Home

Inspection report

Poolemead Centre
Watery Lane
Bath
Avon
BA2 1RN

Tel: 01225356492
Website: www.rnid.org.uk

Date of inspection visit:
11 December 2018
13 December 2018

Date of publication:
11 January 2019

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We undertook an inspection at Gallaudet Home on 11 and 13 December 2018. The first day was unannounced. The last inspection of the service was carried out in October and November 2017. At that time, we identified several breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and rated the service 'requires improvement'. Shortfalls related to training and supervision, people's involvement in developing care plans and risk assessments, the implementation of actions identified in audits, and people's feedback about the service.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve in specific areas. At this inspection we rated the service 'good' because we found the necessary improvements had been made, and further improvement work was ongoing.

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

Gallaudet provides care for up to eight people. At the time of our inspection there were eight people living there. The service is in a long, single storied building which is accessible to people in wheelchairs or with limited mobility. Communal areas included a lounge, dining area and kitchen. Bedrooms were all accessible from the main corridor, and some were en suite.

The service has been developed and designed in line with the values that underpin the 'Registering the Right Support' and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

A manager was going through the process of registering with CQC at the time of our inspection. Their registration was completed shortly after our inspection. A registered manager has legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Systems and processes were in place to protect people from harm, and staff had received training in safeguarding. They knew what they must do protect people and the provider had made safeguarding referrals to the local authority appropriately.

The provider had systems in place to ensure people were safe, including risk management, checks on the environment and safe fire management processes.

Risk assessments relating to people who used the service were clear and described potential hazards and control measures in place. These gave staff information about how to support people safely and ensure risks

were managed effectively.

People were supported by adequate numbers of staff to meet their needs, although regular agency staff supported shortfalls in staffing numbers. Recruitment was ongoing, and the provider followed safe procedures to ensure prospective staff were suitable to work in the service.

People's medicines were administered as prescribed and managed safely. Medicines administration records were accurate and clear. Some staff required updates in medicines competency checks. We have made a recommendation about the storage of controlled drugs.

Staff were trained in a range of relevant subjects, although some training and records required updating. Staff usually received regular supervision and appraisals, and the staff we spoke with felt supported.

People were supported to have choice and control in their lives. Their privacy and dignity was respected and people were encouraged to be as independent as possible; the policies and systems in the service supported this practice.

Relatives told us that they were consulted and informed about people's care. Records were clear and reflected people's needs and preferences.

Staff had a good understanding of people's needs and preferences, and were compassionate and caring. People were comfortable around staff, and relatives told us that staff were patient and supportive

Systems were in place to monitor and review the quality of care. These were continuing to be developed, but action plans were in place to achieve improvement when this was still needed.

Staff had a good understanding of people's needs and preferences, and were compassionate, kind and caring. People were comfortable in the presence of staff and confident in their abilities.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were supported by staff, systems and processes which kept them safe.

People's medicines were mostly managed safely.

Risks to people were assessed and monitored to ensure people were safe.

Is the service effective?

Good ●

The service was effective.

Staff received training and supervision to ensure they provided effective care for people. There were some gaps in training compliance, but the provider had a plan to address these.

Staff supported people's choices and the service followed the principles of the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was caring.

People and their relatives were confident in the abilities of staff, and told us that they were kind and patient.

Staff had a good understanding of people's needs and preferences, and were compassionate and caring.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care from staff who knew them well and were supported to make choices about their care.

Care records were clear and involved people where possible.

Some care plans were being updated.

People and their relatives felt able to give feedback or make complaints. They were confident that their concerns would be fully investigated.

Is the service well-led?

The service was well led.

Systems to monitor and review safety and the quality of care were in place. Shortfalls were identified and actions taken. Steps had recently been taken to make sure routine checks were always completed consistently.

People, relatives and staff spoke positively about the recent changes to the service and the new registered manager.

Good ●

RNID Action on Hearing Loss Gallaudet 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.

The inspection took place on 11 and 13 December 2018, and the first day was unannounced. The inspection was carried out by two adult social care inspectors and one 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 service. The inspection team was supported by a registered sign language interpreter during the first day of the inspection. This was because people living at the service and some staff communicated using sign language.

Prior to the inspection, the provider completed a Provider Information Return (PIR). This is a form which gives key information about the service, what the service does well and any improvements they plan to make. We also looked at the notifications we had received from the service. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We reviewed other information to help inform us about the level of risk for this service. We considered this information to help us to make a judgement about the service.

During the inspection we spoke with five people living at the service. We spoke with seven members of staff, as well as the registered manager. After the inspection spoke with three family members and received feedback from five other professionals who were involved with the service.

We looked at four care records and the medicines administration records for everyone living at the service. We looked at four staff files, and staff training records. We also looked at a range of records and documents

including meeting minutes, policies, audits and environmental reports.

Is the service safe?

Our findings

At the last inspection, we found that incidents of abuse had not been reported to the local authority. Not all staff had a clear understanding of what may constitute abuse and how to report it. Staff training for safeguarding was out of date. The provider's safeguarding policy was out of date. At this inspection, we found the required improvements had been made.

An electronic system was in place to manage safeguarding incidents and notifications. This ensured necessary actions were completed and relevant bodies informed. All staff had received training to enable them to report concerns. Technology was available to support D/deaf staff in raising concerns directly. The registered manager told us that staff had received online and face to face training in safeguarding. Records showed that all staff had completed this training, and one new staff member was booked to attend training in January 2019.

The service had been subject to a safeguarding investigation by the local authority. The investigation had recently been closed because the local authority was satisfied with the actions the provider had taken. The registered manager said, "For me I felt staff didn't have the information they needed. Things are being reported now because they know how to use the system and don't need to rely on the management team to do everything for them. I trust the staff that they care enough to report everything."

At the last inspection, we found that D/deaf staff were concerned that they would not know if people needed support. At this inspection we found that D/deaf staff could access a pager which vibrated when people needed assistance. The pager provided an alert when a person needed support, although staff told us that the information displayed on the pager was not always clear.

At the last inspection we found that there had not been sufficient fire drills or fire training, and some staff were confused by the fire alarm systems. At this inspection we found that five staff out of 11 had up to date fire safety training. Records showed that four fire evacuation drills had been carried out since August 2018. Six staff out of 11 had taken part in these, and the registered manager told us that they had plans to carry out further drills to include the remaining staff. Staff were able to explain the fire alarm indicators and describe what different signals meant in the event of a fire.

People told us that they felt safe living at the service. One person said, "I like it here, I am very well looked after". Another person said, "I feel very safe, and my possessions are safe."

Risk assessments were in people's care records. These were clear and described potential hazards and control measures in place. Risks assessed included eating and drinking, accessing the community, using the kitchen and managing challenging behaviour. One person had a risk assessment related to epileptic seizures. This provided guidance for staff about the types of seizure the person may have, and clearly described the interventions staff should provide. This included information about medicines, reassuring activities for the person and other actions which might be required. Other people were at a risk of choking, and speech and language therapists had provided guidance for staff. The registered manager ensured risk assessments were updated and changes were effectively communicated to staff. This supported staff to act

in a safe and consistent manner. Staff told us they were aware of information in people's risk assessments. Medicines were mostly managed safely at the service. There were safe medicine administration systems in place and people received their medicines when required. No one at the service administered their own medicines. All staff who administered medicines had received training, and competency had recently been assessed for most staff. A clear plan was in place to assess the competency of all other staff.

Medicines administration records (MARs) were accurate and clear. These records showed that people were receiving their medicines correctly and at the right time. One person told us, "Since I have been ill, I take a lot of tablets and the staff support me to take them when I should." Information about people's preferences was available for staff. For example, one person's record stated that they usually put their medicines in their mouth themselves, but noted that if they were tired, staff would need to support them. Staff knew about people's preferences and described how they would support individuals.

Some people were prescribed medicines on an 'as required' (PRN) basis. These were appropriately recorded, although individual protocols were not in place for people's PRN medicines. We highlighted this to the registered manager, who immediately began reviewing the records.

Medicines were safely ordered, received, stored and disposed of. There were secure, locked cupboards for storing medicines in people's rooms, and temperatures were checked and recorded daily. This ensured that medicines were stored safely and as directed.

Records relating to medicines that required additional security and recording were clear and in place. However, these medicines were not always appropriately stored. This was because the metal box in the locked cupboard was not secured to a wall. We recommend that the provider seeks advice and guidance about the safe storage of controlled drugs and take action accordingly.

People were supported by adequate staffing levels to meet their needs and keep them safe. People told us that they felt there were enough staff to support them. One person said, "The staff know what they are doing and the way I like things done. A relative told us, "I think there are enough staff. [My relative] is definitely well tended to. [They're] in safe hands."

Staff told us that, with the support of regular agency staff, there were enough staff to meet people's needs. There were vacant posts within the service, but the provider used regular agency staff to cover shortfalls. This meant that there was more consistency and continuity for people. One staff member said, "We do need more staff, but we manage and the agency staff we have are pretty good." Another staff member added, "The agency staff are good, but they don't know the clients like we do."

A recruitment programme was in place, and staff records showed that the service followed robust procedures before new staff were employed. Pre-employment checks including evidence of a Disclosure and Barring Service (DBS) review were recorded in staff files. A DBS check ensures that potential staff have not been convicted of an offence which would make them unsuitable to work with vulnerable people.

Environmental risks were assessed. For example, checks of electrical equipment, staff lone working, window restrictors, water temperatures and hazardous substances such as cleaning fluids. Specific risks and control measures around the building were regularly reviewed. The checks carried out by the provider ensured the premises and equipment were safe, and servicing and repairs were carried out as required.

People were protected against the risk of infection and the building was clean and tidy. Staff were aware of infection control measures and followed good practice to protect people from the risk of infection. For

example, we saw staff using and changing gloves and hand washing appropriately. Cleaning schedules were available, and measures were in place to ensure people's bedrooms were safe and hygienic.

Accidents and incidents were recorded and investigated, and referrals made to relevant organisations as necessary. All staff were aware of how to report incidents and accidents and these were reviewed at staff meetings. The minutes of one staff meeting read, "Well done to everyone for completing incident forms when necessary." The provider took steps to learn from incidents and change practice or improve safety where needed.

Since our last inspection the home had been redecorated. The main entrance was now open and welcoming, and furniture in the lounge had been replaced. Kitchen worktops had been lowered so that people using wheelchairs could make drinks and snacks for themselves safely. The bedrooms of people who use wheelchairs had push-pad door openers and colourful laminated doors. People's bedrooms were personalised and decorated as they wished. One person proudly showed us their room and told us, "This is my room, I have decorated it how I want and I chose the colour of the door."

Is the service effective?

Our findings

During the last inspection, we found staff did not have access to training to develop their skills and knowledge. During this inspection, we found that training had been provided. Most staff had up to date training in food hygiene, the Mental Capacity Act, safeguarding, safer people handling and emergency first aid. Some staff needed refresher training in other subjects. The registered manager told us, "The training matrix is being looked at because it contains information from a long time ago which is no longer valid." Staff told us that they received appropriate training to equip them to carry out their duties effectively. One staff member said, "I've done some training recently. It was ok, but the trainer wasn't always clear. They went on a bit."

Staff told us that they received specific training via staff meetings. For example, a speech and language therapist attended a staff meeting to discuss the specific nutritional needs of people who were at risk of choking and to educate staff about textured diets. Information was recorded in the meeting minutes for staff who had not been at the meeting.

New staff completed an induction programme when they joined the service. The induction programme included orientation and awareness of policies and procedures. This ensured staff were trained in the practices and values of the service. New staff were supported to complete the Care Certificate if they did not have a recognised care qualification. The Care Certificate is a nationally recognised standard which gives staff the basic skills they need to provide support for people.

Staff received supervision and appraisals of their performance. Supervision is where staff meet with a senior staff member to review and discuss work or any other issues affecting the people who use the service. The supervision of some staff did not meet the requirements of the provider's policy. This stated that staff should have regular one-to-one meetings with their manager at least every eight weeks. We discussed this with the registered manager who told us that in most cases staff had received supervision, but records were being reviewed and updated. One staff member told us they received supervision every 4-6 weeks, and that this was helpful. Other staff told us that they felt well supported.

Staff knew how to support people on a day to day basis. Important information and changes were communicated to staff through shift handovers, a communication diary and face to face within the team. Information shared at handovers included details about people's medicines, routines and wellbeing. This meant that staff knew about and could respond to people's current needs effectively.

People's rights were being upheld in line with Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Where people lacked capacity best interest decision meetings had taken place, and relevant parties including professionals and advocates were involved. Information about mental capacity assessments and best interest decision meetings were in people's care records. For example, we saw the notes of a best interest decision meeting with a person who required a complex medical intervention. The person was actively involved and a decision was made with them which considered their best interests and wellbeing. An easy read summary of the risks, benefits and decisions was provided for the person.

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 the Deprivation of Liberty Safeguards (DoLS). DoLS applications had been made by the provider, and a system was in place to track applications and renewals. The provider had maintained regular contact with local authorities about the applications. This showed that people were not being unlawfully deprived of their liberty.

People were asked for their consent. Some people had signed to indicate their consent in care records. During the inspection people were given choice and control about day to day matters such as food and daily routines. People could choose what they wanted to eat at mealtimes, and how they preferred to receive personal care. One person told us, "the staff always ask me before they help me."

Staff prepared most meals, but some people prepared their own lunch and others assisted staff. Staff understood people's nutritional needs, and people had access to snacks and drinks at any time. During the inspection people made their own hot and cold drinks, and had snacks such as fruit when they wished. One person said, "We choose what we want to eat and are supported to make it".

Care plans showed that people had access to a range of healthcare professionals, including psychiatrists, learning disability nurses and GP's. During our inspection, people went to GP and dental appointments, and staff took one person's wheelchair for professional servicing.

Is the service caring?

Our findings

People were supported by staff that were caring. One person told us, "The staff have a good heart and I am well looked after." Another person added, "The staff are great, they know how I like things done and do it." One staff member said, "We care deeply about our people," and another added, "We really do make an effort. Nothing's too much hassle." A relative told us, "The staff are very caring. They're very, very good."

People received care and support from staff who knew them well. Staff were aware of people's preferences and routines. For example, one staff member told us about a person's bathing preferences, and another told us how a person liked to be supported with cooking. One person enjoyed making models and shelves had been put up to display these. Information about people's preferences was recorded in care files.

People were supported as individuals and encouraged to develop and maintain relationships. People had contact with friends or family in the way that they preferred. For example, some people had visits to family homes, and staff supported other people to have regular telephone calls with family members. A relative told us that staff would support their family member to visit in the next few days. They added that, "When [they] come home, [they] check the diary to see when [they] can go back [to the service]."

The relationships between staff and people demonstrated dignity and respect at all times. For example, people told us that when staff wanted to enter their bedroom, "The staff always ring my bell and a light flashes in my room. This lets me know that they wish to come in". Care plans provided information about how much prompting or support people needed with personal care activities. For example, one care record contained pictures which had been used to ask a person if they would prefer to shower themselves, or have assistance from staff. The person had written, "Yes, help please."

Staff were aware of issues of confidentiality and did not speak about people in front of other people. Staff who used sign language to communicate private information made sure they could not be observed by closing blinds and turning away. Staff spoke about people with us in a respectful and compassionate way.

Staff knew, understood and responded to each person's diverse cultural, gender and spiritual needs in a caring and compassionate way. People were supported to attend a variety of D/deaf culture clubs and activities, and to follow their religious beliefs.

People were positive about staff and the support they provided. People were relaxed in the presence of staff and the atmosphere at the service was relaxed and friendly. One person became excited when they saw a member of staff who had been off for a few days and greeted them warmly. One person told us, "One of the best things about living here is that everyone is so supportive. The staff have a good heart." A relative told us, "The staff are very good, very attentive."

Staff understood people's individual communication skills, abilities and preferences. One person's care record contained detailed information about how best to communicate, in line with the Accessible Information Standard (AIS). The AIS is a national standard which aims to make sure that people with a

disability or sensory loss are given information in a way that meets their specific needs.

People's care plans always identified their communication needs and how they preferred to communicate. For example, using sign language, written communication or pictorial methods. One person's care record noted that sometimes if the person didn't answer, it was their way of saying 'no'. Staff told us, "There are always staff on duty who can sign, and always staff on duty who can hear." This meant people's needs could be met more effectively.

People's relatives told us that they were always made to feel welcome, and that they did not feel unnecessarily restricted when visiting the service. One relative said, "The staff keep me informed and they're always great when I visit."

Is the service responsive?

Our findings

At our last inspection, we found that care plans were not consistently written with people or their relatives. At this inspection, we found that all care plans had been or were being rewritten, and that this was with people as far as possible. People told us that they were involved in their care planning. One person said, "The staff look after my care plan and we keep it up to date." A new care plan template and clear systems were in place. This ensured staff knew how best to support people and had up to date information.

Care records contained essential information, including details about people's background and family. Care plans described how people wished to be supported and personal preferences. This included how people liked to spend their time, personal routines and support needs. For example, describing the support a person needed to access the community, information about how to support a person if they became upset, and details about the workshops a person regularly attended. The information recorded in care plans showed that people's strengths, needs, levels of independence and quality of life were considered by the service.

People and their relatives told us the service provided care that met their needs. One person said, "I am supported to be very independent, I cook for myself and I go out by myself." One staff member said, "It really is individualised care. Everyone has different ways of being supported, and we have the time to help them do tasks."

People had health plans which gave staff guidance about people's food and nutrition, mobility, health, sleeping and emotional needs. Where people needed to be weighed monthly, this was done. People's medicines, health and wellbeing were regularly monitored and reviewed. During a recent review, one person's GP noted, "Over the last six months there has been a dramatic improvement in [their] quality of life."

Staff supported people to engage in activities. Some people attended community or specialist day services, and others engaged in a range of activities at the service, such as cooking, art and craft work and model making. One person chose not to engage in activities. This reflected their individual preferences. People were not always clear about what activities they did on particular days. One person said, "Someone comes in on a Thursday and we do cooking and I enjoy this, but the rest of the week, apart from me doing my hobby, it is very boring." Another person told us, "I go to the onsite social club, I enjoy this." A relative said, "[Name] is very happy. [They] go to the workshops and produce lovely things."

Staff were flexible regarding people's choices and preferences. For example, one person chose to speak to members of the inspection team instead of going shopping for Christmas presents. The staff member respected the person's choice and said, "This is not a problem, we can go tomorrow." This showed that staff were responsive to people's changing needs.

There were regular house meetings. Notes were available from these meetings in the form of written

minutes and an easy read version. Issues such as healthy eating, Christmas plans, fire safety and behaviour towards each other had recently been discussed in house meetings. There were clear records of decisions which had been made and actions taken. This showed that the provider responded to people's comments and acted to improve the service.

The service had a complaints procedure, and staff were supported by a whistle blowing policy. There had been one complaint made this year. This was investigated and appropriately responded to. Relatives told us that they hadn't needed to make a complaint, but said that they would feel comfortable raising concerns with a staff member or the registered manager. Throughout our inspection, people and staff accessed the office to speak with the registered manager or other staff. The registered manager said, "I have an open door, people will come in and tell me if they have a problem."

Care records did not contain end of life plans. No-one using the service at the time of our inspection had specific end of life care needs. We discussed this issue with the registered manager, who planned to review the care records and consider how end of life information could meaningfully be documented.

Is the service well-led?

Our findings

At our last inspection, we found that audits had identified areas where improvements were required, but the necessary actions had not been implemented within a reasonable timescale. During this inspection, we found the required improvements had been made. For example, staff were recording incidents and raising safeguarding alerts promptly, personal emergency evacuation plans had been written and care plans updated. Some actions were ongoing, such as training updates and reviews of staff files, but a plan with timeframes were in place to complete these. Within the previous month, some daily checks had not been completed. We discussed this with the registered manager, who told us that they had already identified the gaps and the issue had been raised with staff. Expectations had been communicated to all staff and these were recorded in the minutes of a recent staff meeting.

At the last inspection, we found that the service had made some improvements to the ways in which people and their representatives were encouraged to provide feedback on their experience of the service. During this inspection, we found the required improvements had been made. Relatives told us that they were regularly asked for feedback, and minutes from recent house meetings showed that people who used the service were regularly asked for their opinions and views. For example, people had been asked for their feedback about changes to menus and meal preparation, and people had chosen the paint and wallpaper when communal areas were redecorated.

There had been a change in registered manager since our last inspection. Like registered providers, registered managers 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 registered manager was present during our inspection. They had been in post for approximately four months, and told us they were making changes to the culture of the service. The registered manager told us, "We've talked about the punitive way people were treated and the way staff treated each other [in the past]." The minutes from a staff meeting stated, "The people who live in Gallaudet are all adults and should be treated as such. We do not have the right to 'tell people off' or use punitive approaches such as locking food away."

People, staff and relatives knew the registered manager, and said that they could speak with them about a range of matters. During the inspection, people who used the service frequently came in to the office to talk with the registered manager. One person joked with staff and got staff attention by turning the light off and on. A relative told us, "The new manager seems very good. I've spoken with [them] two or three times and [they're] really nice, really helpful."

Staff told us that they could ask the registered manager for support at any time. One staff member said, "It's much better now. A year ago, it was confusing, there were different managers. Now we just have [manager name] and we have daily contact with [them]." Another staff member told us, "I'm definitely supported at work. I can go to the manager straight away. Before I was just left hanging." Another member of staff added,

"The management are all pulling together now. Staff see that and it really makes a difference."

Staff were positive about the changes that had been made in the service, and told us that they felt they worked well together as a team now to support the people they cared for. One staff member told us about the changes they had noticed in the last year, stating, "We've really tried over this year. Change has happened. We're much more confident. We do our job better. We're a better team now." Staff said that having a full-time registered manager at the service had made a significant difference, and they felt supported to provide a high-quality service. One staff member said, "It's such a lovely atmosphere here. The team are like my family." People who used the service told us, "The staff are all very friendly. There is a lovely atmosphere here."

Regular team meetings took place at the service. Sign language interpreters attended team meetings to ensure information was clear for all staff. Minutes showed that health and safety issues, shift planning, food and staff working relations had recently been discussed. Staff had been reminded of the need to maintain confidentiality and not to talk about people in front of others, even if those people could not hear what was being said.

The provider's statement of purpose outlined their aims and objectives. It aimed to, "Provide services which ensure that people's opportunities and fulfilment are not limited because they are deaf or hard of hearing." Staff told us that they, "Try to give people every chance to do whatever is important to them." This showed that staff upheld and worked towards the aims and values of the organisation.

Policies and procedures that were used by the service were up to date and included a review date. A member of staff was responsible for ensuring policies were up to date and printed out.

During our last inspection, we found the registered manager had not notified the Care Quality Commission of all significant events which had occurred, in line with their legal responsibilities. During this inspection, we found the required improvements had been made.

Providers are required to display the ratings from inspections so that people, relatives and visitors are aware of these. When we visited, the rating from the previous inspection had been removed from the wall, but the registered manager acted immediately to replace this. The rating was clearly displayed on the provider's website