Alphacare Management Services No. 2 Limited

Cheaney Court Care Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 31 January 2018 and was unannounced.

Cheaney Court Care 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.

Cheaney Court Care Home provides accommodation and personal care including nursing care. The location is registered to provide care for up to 65 people including older people and people living with dementia. At the time of our inspection, 63 people were in residence at the home.

At our last inspection in November 2016, the service was rated overall as requires improvement. At this inspection, improvements had been made and sustained and the service is now rated overall as good.

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.

People were safeguarded from harm as the provider had effective systems in place to prevent, recognise and report concerns to the relevant authorities. Staff knew how to recognise harm and were knowledgeable about the steps they should take if they were concerned that someone may be at risk.

Staff knew their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005) and Deprivation of Liberty Safeguards (DoLS) and had applied that knowledge appropriately. Staff understood the importance of obtaining people's consent when supporting them with their daily living needs.

People experienced caring relationships with staff and good interaction was evident, as staff took time to listen and understand what people needed.

There were sufficient numbers of experienced staff that were supported to carry out their roles to meet the assessed needs of people living at the home. Staff received training in areas that enabled them to understand and meet the care needs of each person. Recruitment procedures protected people from receiving unsafe care from care staff unsuited to the role.

People's care and support needs were monitored and reviewed to ensure that care was provided in the way that they needed. People or their representative had been involved in planning and reviewing their care and plans of care were in place to guide staff in delivering their care and support.

People's health and well-being was monitored by staff and they were supported to access health

professionals in a timely manner when they needed to. People were supported to have sufficient amounts to eat and drink to maintain a balanced diet.

People were supported to take their medicines as prescribed. Medicines were obtained, stored, administered and disposed of safely. People were supported to maintain good health and had access to healthcare services when needed.

People's needs were met in line with their individual care plans and assessed needs. Staff took time to get to know people and ensured that people's care was tailored to their individual needs.

Staff responded to complaints promptly and in line with the provider's policy. Staff and people were confident that issues would be addressed and that any concerns they had would be listened to and acted upon.

People were supported by a team of staff that had the managerial guidance and support they needed to carry out their roles. The quality of the service was monitored through the regular audits carried out by the management team and provider.

The service was well run by a registered manager who had the skills and experience to run the home so people received high quality person-centred care. The registered manager led a team of staff who shared their commitment to high standards of care and clear vision of the type of home they hoped to create for people.

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.

Staff had received training in safeguarding and knew how to report any concerns they may have. There were thorough recruitment procedures in place to check on the suitability of staff and sufficient numbers of staff to keep people safe.

People were supported to take their medication as prescribed. Infection control procedures were in place and followed by the staff team.

Lessons were learnt after accidents, incidents or investigations.

Is the service effective?

Good

The service was effective.

Staff were suitably trained and received regular support, supervisions and appraisals.

People had access to healthcare services and received on-going healthcare support. The provider was working within the principles of the Mental Capacity Act 2005 (MCA).

People's needs were met by the design and adaptation of the building.

Is the service caring?

Good

The service was caring.

Positive relationships had developed between people and staff. People were treated with kindness and respect. Staff maintained people's privacy dignity.

People and where appropriate their families were involved in making decisions about their care and support.

There were measures in place to ensure that people's confidentiality was protected.

Is the service responsive?

Good

The service was responsive.

People's care records were personalised and outlined how they wanted staff to support them. People were actively engaged in a range of activities.

People and their relatives told us they knew how to make a complaint. When a complaint was received this was dealt with in a timely manner.

People were involved in discussions about end of life care and end of life care was delivered well.

Is the service well-led?

Good

The service was well led.

There was a registered manager in post who people and staff knew and liked. Everyone felt that the registered manager was approachable and staff told us that they were supportive.

People had the opportunity to provide feedback regarding the service, and action was taken in response to this.

Audits, which were carried out, ensured that the quality of the service was maintained. The service continuously learnt, improved and worked in partnership with other agencies to ensure a joined up approach.

Cheaney Court 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 was a comprehensive inspection. The inspection was unannounced and took place on 31 January 2018. The inspection was undertaken by an adult social care inspector and two experts 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.

As part of this inspection, we spent time with people who used the service talking with them and observing support; this helped us understand their experience of using the service. We observed how staff interacted and engaged with people who used the service during individual tasks and activities. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Before our inspection, we reviewed the information we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events, which the service is required to send to us by law.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give key information about the service, what the service does well and improvements they plan to make.

During our inspection, we spoke with ten people using the service and twelve relatives and/or friends. We spoke with six care staff, one nurse, the chef, kitchen assistant, head housekeeper, one ancillary staff, activities coordinator, the clinical lead, the administrator and the registered manager. We contacted health and social care professionals to gain their views of the service.

We also spent time looking at records, including four care records, four staff files, medication administration record (MAR) sheets, staff training plans, complaints and other records relating to the management of the service.

Good

Is the service safe?

Our findings

At the previous inspection in November 2016 'safe' was rated as good. At this inspection 'safe' remained good.

People told us they felt safe living at the service. One person told us, "I always feel safe here both at night and day because of the care staff." A person's friend told us, "My friend is happy here, she is safe as people are about."

Safeguarding policies and procedures were in place and were accessible to staff; staff had been provided with safeguarding training. One staff member said, "We get regular training about safeguarding and I know how and who to report any concerns to." A second member of staff commented, "Safeguarding is so important, we have training every year to make sure we are aware of any changes to reporting concerns." Procedures to follow for reporting safeguarding alerts to the local authority were clearly displayed in the home.

People's needs were regularly reviewed. Risks to people were identified and steps taken to mitigate these risks whilst supporting people's independence. One staff member told us, "We have lots of risk assessments, people can be at risk of falls and pressure sores." Staff told us how risks to people were assessed to promote their safety and to protect them from harm. They described the processes used to manage identifiable risks to individuals such as, malnutrition, moving and handling, behaviour that may challenge and falls. One staff member told us, "[Person] can become a little bit aggressive at times, it is important that we are always aware of their whereabouts and redirect them if they are showing signs of agitation." Staff told us that risk assessments were reflective of people's current needs and guided them as to the care people needed to keep them safe.

People were protected from the prevention and control of infection. At the appropriate times, staff were using personal protective equipment (PPE) such as gloves, hand gel and aprons. One person told us. "Everything is kept clean. The cleaner is around all of the time." We viewed infection control audits, which detailed how infection control was managed in the home and staff we spoke to were knowledgeable about infection control. We spoke with the head housekeeper who told us how the cleaning schedule was managed. They told us, "I take pride in my work, we all do. I think the whole team do a great job, I wouldn't want to work anywhere else."

Safe recruitment practices were followed. One staff member said, "I was not allowed to start until both of my references were back and my police check." Records demonstrated that checks completed included two reference checks, criminal records checks, visa checks and a full employment history review.

People were supported by sufficient numbers of staff to keep them safe and to meet their care and support needs in a timely manner. There was a skill mix of staff, which meant peoples diverse needs were met by a staff team who were knowledgeable and able to deliver care safely. People, relatives and staff told us they thought there was enough staff deployed to meet people's needs in a timely manner. One person said, "I

only have to press my buzzer and the staff will come, I bet I don't even have to wait a whole minute." One relative said "The staff are superb, all of them. There is always staff about and they always answer any questions I might have." One staff member said, "There is always a big team of us working every day, and if we get busy or something unusual happens then there are plenty of other staff to call upon like the clinical lead or the registered manager."

People's medicines were managed safely and administered by a nurse at the prescribed times. One person told us, "I don't take a lot of medication but the few I do take they always get it spot on." A relative told us, "My [relative] takes medication; I don't know what the tablets are for. I'm not worried and don't need to know as the home takes care of him."

A nurse told us that they received training in the safe administration of medicines and their competencies were regularly assessed. One nurse said, "No issues at all with the medication, we have plenty of time to administer medication and order prescriptions." On the day of the inspection we observed medicines being administered and saw that people were given time to take their medicines at their own pace.

We reviewed the medicine procedures and found that people were given their medicines in a way that met their individual needs. Protocols were in place to manage how people received 'as needed' (PRN) medicines. Medicines were stored securely and Medication Administration Records (MAR) were completed accurately after each person had received their medication. When people received their medicines covertly, we saw that the required documentation was in place to ensure it was in the person's best interests and the GP and pharmacist had given their consent for the medicines to be administered this way.

The provider had ensured that environmental risk assessments were in place and there were effective systems in place to monitor the health and safety of people, which included regular fire tests and maintenance checks. There was a system in place to record any accidents or incidents that occurred. These would be reported directly to the registered manager so appropriate action could be taken. The time and place of any accident/incident was analysed to establish any trends or patterns and monitor if changes to practice needed to be made.

Good

Is the service effective?

Our findings

At the previous inspection in November 2016 'effective' was rated as requires improvement because people did not always receive timely support at meal times. At this inspection, we saw that improvements had been made and sustained and the rating has now improved to good.

People received effective, safe and appropriate care, which was meeting their assessed needs and protected their rights. This was because they were supported by an established and trained staff team who had a good understanding of their needs. One person told us, "They [staff] are good at what they do. Nothing is too much trouble." A relative told us, "All of the staff know what they are doing, they have lots of training, and I trust them with [relative] completely."

Staff told us the level and range of training they received kept them up to date with good practice. For example, nurses regularly updated their clinical practice as required for their professional development. The service's training matrix showed a range of training as described by the staff team. It included, safeguarding, moving and handling, equality and diversity, first aid, pressure ulcer prevention and end of life care. The registered manager also sourced condition specific training to be delivered to the staff team from health professionals. For example, Parkinson's and Huntingdon's disease. The service also had on-going learning and development throughout the year and included face-to-face training on empathy awareness and working in a person centred approach.

Newly employed staff were required to complete an induction before starting work. This included, training identified as necessary for the service and familiarisation with the organisation's policies and procedures. The induction was in line with the Care Certificate, which is designed to help ensure care staff that are new to working in care have initial training that gives them an adequate understanding of good working practice within the care sector. There was also a period of working alongside more experienced staff until such a time as the worker felt confident to work alone. Staff told us they had shadowed other workers before they started to work on their own. One member of staff told us, "I had a really thorough induction, even though I have been a carer for years I was still required to complete all the training."

There was an equality and diversity policy in place and staff received training on equality and diversity. Staff demonstrated that they were aware of their responsibility to help protect people from any type of discrimination and ensure people's rights were protected.

All members of staff met with the registered manager or senior staff regularly to discuss their performance and training needs. This included regular support through one-to-one supervision and annual appraisals. This gave staff the opportunity to discuss working practices and identify any training or support needs. Staff were also supported to gain qualifications and some staff had attained or were working towards a Diploma in Health and Social Care.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The service held an appropriate MCA policy and staff had been provided with training in this legislation.

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). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. DoLS applications had been submitted to the local authority and the service was working within the principles of the MCA.

People had consented to their care where they had the mental capacity to do so. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. We observed throughout the inspection that staff asked for people's consent before supporting them with any care or support. One relative told us, "[Person] is always treated respectfully and given choices at every opportunity." Another relative told us, "It is the little things that make a difference, the staff ask if it is okay to comb [person's] hair; they don't just do it, they always ask."

People were supported to eat and drink sufficient amounts to maintain a balanced diet. One person told us, "I have more than enough food. The food is very good; there is always something that I enjoy." Another person said, "The food is good, we have a choice of two meals and I choose the night before, I write it down in my diary in case I forget what I'm having." Some people required support with eating and we saw this was given in a sensitive manner ensuring the person's dignity and respect was upheld. Staff encouraged people to make healthy choices and supported them to have a balanced and nutritious diet that was in accordance with their individual needs.

The registered manager had made changes to the meal times following on from the last inspection and from feedback from the Clinical Commissioning Group (CCG) who commission some people's care at Cheaney Court Care Home. Meal times now consisted of two separate sittings to enable staff to dedicate more time to people who required support to eat. The registered manager told us, "The new meal time arrangements are going really well and it has made a big difference to the quality of support at meal times." We observed the mealtime experience in three separate areas of the home and the changes the registered manager had made were clear to see.

We spoke with the chef who displayed a good understanding about people's therapeutic diets, such as diabetic foods and the consistency of food people required. They also knew people's dietary likes and dislikes. The chef said, "I know what everyone requires, I have it all written down, we also have a list of people's allergies." A variety of drinks were available for people and visitors to the service.

People were supported to maintain their health and wellbeing and were supported to access health care services when they needed to. Staff told us if a person's health deteriorated, they would speak to the nurse on duty straight away. One staff member told us, "I wouldn't hesitate to call the nurse if I thought someone was unwell." The Malnutrition Universal Screening Tool (MUST) was used to complete individual risk assessments in relation to assessing the risk of malnutrition and dehydration. This helped identify the level of risk and appropriate preventative measures. Fluid intake charts were used to record the amount of drinks a person was taking each day and intake goals and totals were recorded. All charts were well completed and analysed, which showed staff were effectively monitoring people's intake and taking action, as required.

People had access to a range of healthcare services. People told us that they had regular access to a GP. One person told us, "I had a sting once on my eye. I thought that I was alright but the staff called a doctor for me. They are very good." Referrals were made to specialist teams when required, for example, falls prevention teams. People had access to local GPs and an optician visited as required. People were supported to attend local dentists.

All areas of the home were well lit and there was signage to enable people to find their way around. The sitting room areas of the home were cosy and decorated to a good standard. The grounds were accessible and an area had been appropriately painted to represent a beach theme.

Good

Is the service caring?

Our findings

At the previous inspection in November 2016 'caring' was rated as requires improvement because there was an inconsistent approach in respecting people's dignity. At this inspection, we saw that improvements had been made and sustained and the rating has now improved to good.

There was a friendly and welcoming atmosphere around the home. People looked happy and relaxed and we observed positive relationships between people and staff. One person told us, "As I can't be at home this is the next best place to be in." One relative said, "The staff are kind. They are reassuring." Throughout the day of the inspection, we observed family and friends welcomed as they visited their loved one. One relative said, "I am always welcomed, by name, and with a smile, there is nothing here I can fault."

Staff were able to tell us about people's individual needs, including their preferences, personal histories and how they wished to be supported. We found that staff worked hard to make people and their relatives feel cared for. Staff spoke positively about the people they supported, one member of staff said, "This doesn't feel like a job, it feels like a gift to be able to share time with the residents." People's individuality was respected and staff responded to people by their chosen name. In our conversations with staff, it was clear they knew people well and understood their individual needs.

People were actively involved in decisions about their care. One person told us, "I feel listened to here and I feel like I have choices. Everything that I ask to be done is done immediately." If people were unable to make decisions for themselves and had no relatives to support them, the provider had ensured that an advocate was sought to support them. An advocate is an independent person who can help people to understand their rights and choices and assist them to speak up about the service they receive. We spent time observing and listening to staff to see how they interacted with people they supported. We saw staff were attentive to people's needs and calls for assistance were answered promptly. The staff's approach was kind, caring and respectful.

People confirmed that staff treated them with dignity and respect. We observed staff knocking on people's doors prior to entering, and ensuring that doors were closed whilst personal care tasks were being completed. One person commented, "The staff knock on the door before they come in my room even though my door is usually open." Another person said, "They (staff) always protect my dignity, I thought it would be the worst part coming into a home; needing help to have a wash, but because of how well they treat me it isn't as difficult as I thought." Staff were able to give appropriate examples regarding how they would maintain people's dignity during personal care tasks.

People looked clean and well-dressed showing staff took time to support them with personal care when they needed it. One relative said, "[Person] always looks nice and smart and always clean."

Each person who lived at the home had a single room, which they were able to personalise according to their tastes and preferences. Some people had bought their own furniture with them, which made their rooms very homely. People were able to see personal and professional visitors in their personal rooms or in

communal areas.

Regular resident and relatives' meetings were held. Topics discussed at previous meetings included gathering people's views about menu choices and activities and information exchanges about staffing and the environment. People were encouraged to express their views and actively supported to give suggestions to the staff team regarding their care, treatment and support.

We looked at the arrangements in place to ensure equality and diversity and to support people in maintaining relationships. Relatives told us they were given regular updates about their relation and said they could visit and ring at any time. One relative told us, "If anything happens they always phone me straight away." This showed the service supported people to maintain key relationships.

Good

Is the service responsive?

Our findings

At the previous inspection in November 2016 'responsive' was rated as requires improvement because not all staff could easily access the electronic care plans. At this inspection, we saw that improvements had been made and sustained and the rating has now improved to good.

People's needs were assessed before they moved into the home to determine if the service could meet their needs effectively. During the inspection, we saw records of preadmission assessments that had been carried out with people and their relatives. These covered areas such as medical history, communication and nutrition and hydration needs. The preadmission assessment was used to devise care plans that provided staff with detailed information about how people should be supported. One staff member told us, "We get as much information as we can about a person so we know what residents need from the first day they come here." One relative told us, "We were invited to look around the home to see if it met [person's] needs and we were asked lots of information for the care plan, it was very thorough."

Care plans were in place for people and were all accurate and up to date to reflect current nursing and care needs. One relative said, "[Person's] care plan is up for renewal soon and we will be involved in that." The care plans were detailed and included current information about people's nursing care needs as well as their social support needs and wishes. Records included information about how nursing needs would be met. For example, end of life care, positioning charts, monitoring food and fluids and pressure care and dementia care. All staff had access to the electronic care plans and we observed, throughout the day, care staff inputting information on to care plans and charts. To enable the staff team to have quick access to people's information, important documents like end of life care plans were also printed off and kept in people's rooms.

The staff were responsive to people's needs and wishes. Most people were able to make their needs and wishes known on a daily basis. People said they were able to make choices about what time they got up, when they went to bed and how they spent their day. One person told us, "I chose to have a lay in today and have a late breakfast" A friend of a person told us, "My friend has the freedom to do what she wants to do. The staff know [person] well."

Staff were made aware of any changes to people's care needs through regular handover of information meetings. Changes to people's care needs were discussed and staff updated. Staff used the information they received at handover and morning meetings to ensure that people received the care and support they required. We observed the morning meeting on the day of the inspection and heard discussions relating to changes in medicine, changes to health needs, planned activities for the day and ensuring there was appropriate staffing skill mix on duty.

Staff understood the need to meet people's social and cultural diversities, values and beliefs. One person said, "The activities here are good and the activities leaders are very good." The service had a programme of activities and staff told us there was usually something going on for people to do. There were activity co-ordinators who worked across all areas of the home. We saw different activities taking place during the

inspection. Some people told us that they would like more activities; however, we were able to see that a comprehensive programme of activities regularly took place. These included art sessions, crosswords, nail care, sensory activities, one to one sessions for people who chose not to join group activities, reminiscence sessions and exercises.

Other activities, which involved the local community included, summer fetes, in house religious services, pet therapy, musical events and many more. One relative of staff told us, "It is lovely to be able to help the residents with activities."

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The provider was compliant with this standard. For example, there were easy read documents available for people.

People were supported at the end of their life to have a comfortable, dignified and pain-free death. Staff had received training in end of life care from a local hospice and where possible people were able to remain at the home and not be admitted to hospital. The home liaised with other agencies such as the Palliative care nurses to support people with their final wishes. One staff member said, "I feel privileged to be able to look after people in their last few days."

People were aware that they could raise a concern about their care and there was written information provided on how to make a complaint. People told us that they had a good relationship with the staff and could discuss issues with them. One person said, "I've had a word in the past with the manager, things were sorted."

Good

Is the service well-led?

Our findings

At the previous inspection in November 2016 'well-led' was rated as requires improvement because the systems in place to monitor the quality and standard of care required strengthening. At this inspection, we saw that improvements had been made and sustained and the rating has now improved to good.

A registered manager was in place. 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.'

There was a visible management team in place that had a clear vision for the development of the service. People told us that the home was well managed. One person's relative said "[Name of registered manager] is very accessible and responsive. I can always speak to them if needed and if I call in unannounced they always have time to see me."

We talked to the staff about the ethos of the home. Staff were positive about the culture being open, transparent and supportive. Staff told us they attended staff meetings and could share their views with the registered manager.

Staff were positive about the management at the service. They said that the registered manager was approachable and supportive and acted on suggestions made. For example, one staff member said, "It was suggested that relatives could also come on day trips with their relatives; the manager [registered] thought this was a good idea and it happens now all of the time." Staff told us the registered manager was supportive of the people in the service and the staff who worked there. One member of staff said, "[Registered manager] is really supportive, they speak to every person in the home every day and they know people's needs well." All staff told us they would be happy to question practice and were aware of the safeguarding and whistleblowing procedures. All the staff we spoke with confirmed that they understood their right to share any concerns about the care at the service.

There were systems and processes in place to assess, monitor and manage the risks relating to the health, safety and welfare of people using the service. The provider had implemented a system of audits that were effective in assuring that any shortfalls in the service were identified and rectified in a timely manner. For example, mealtime experience audits and feedback from commissioners had identified that the dining experience for people could be enhanced if there was two sittings. This would enable people who required support to eat to have more support and that meals could be eaten at their own pace. The provider and registered manager had because of the findings changed the meal times and told us how it had improved the dining experience for people.

The registered manager, nurses and clinical lead regularly worked alongside staff to monitor the quality of the care provided by staff. The registered manager told us that if they had any concerns about individual staff's practice they would address this through additional supervision and training.

We saw people and relatives were invited to meetings and provided with satisfaction surveys to complete. The survey results were very positive. It was clear that service was developed with input from people receiving support, their relatives and staff. For example, relatives suggested that the dining room could also have a small lounge area to enable visitors to have a quiet area to visit their loved one. The registered manager had listened to the feedback and had developed a lounge area. Feedback from the satisfaction surveys and from compliment cards and rating reviews included, "Thank you is a small word which has such a big meaning" and "You all do a great job."

The registered manager worked in partnership with other organisations to make sure they were following current good practice, providing a quality service and that people in their care were safe. These included social services, district nurses and other healthcare professionals. There was also good links with the local university and the service mentored student nurses and offered placements at the home.

The provider valued the diversity of the staff team. They worked closely with the Employment and Disability Services to offer supported work placements to staff. We also heard about other ways in which the staff team were supported in their roles.

The Care Quality Commission (CQC) had been notified of events and incidents that occurred in the home in accordance with our statutory notifications. This meant that CQC were able to monitor information and risks regarding Cheaney Court Care Home. It is a legal requirement for providers to display their CQC rating. The rating from the previous inspection was displayed for people to see.