

Barchester Healthcare Homes Limited

Tennyson Wharf

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Tennyson Wharf is a residential care home providing personal and nursing care to 36 people aged 65 and over at the time of the inspection. The service can support up to 60 people in five separate wings, . Each of which has separated adapted facilities. One of the wings specialises in providing care to people living with dementia.

People's experience of using this service and what we found

People were protected from abuse. Staff were knowledgeable about how to recognise and report abuse. Records showed staff were provided with safeguarding training. Systems were in place to ensure people's safety. Risks were assessed and managed. For example, risks associated with choking and falls were managed and plans were clear for staff to follow. Accidents and incidents were recorded and measures were taken to improve and learn. Medicines were managed appropriately. Issues identified at the previous inspection were resolved. A more robust approach to medicines management had been developed.

Staffing levels met the needs of people living in the home. The home was not at full occupancy at the time of inspection. Staffing levels were to be reviewed and occupancy was expected to increase. The registered manager and regional director described how they would increase occupancy and assured us this would be managed carefully. Staff were recruited safely and in line with regulation.

People's needs were assessed, and outcomes were met. People and relatives told us their needs were met well. People told us food was of good quality, the cook had systems in place to ensure people could eat and drink what they wanted and liked. Fresh fruit and snacks were available. Staff told us that they received training they needed to do their job well and were supported in their roles. People's consent to care was sought. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were observed throughout the inspection to be caring, thoughtful and attentive. Staff were motivated and enthusiastic in their roles. People and relatives consistently told us staff were kind and caring and they were treated well. People were given the opportunity to express their views regularly and were involved in their care. Staff were knowledgeable about how to maintain privacy and dignity.

People received care that was responsive to their needs. Care planning captured people's wishes and care was delivered by staff who understood the needs of the people they were supporting. Care plans were being developed to include more person-centred information. Some care plans contained enough information to meet people's needs, others contained better detail which enabled staff to know more about the person and therefore meet their needs in a more person-centred way.

People were given the opportunity to take part in regular activities of their choosing. The activities

coordinators were enthusiastic and keen for people to try new things. Plans to ensure activities were more 'dementia friendly' were underway. People knew how to complain and raise concerns and felt listened to. Complaints were responded to appropriately and in line with policy. Several compliments from people using the service had been received since the last inspection.

There was a new registered manager in post who had made a significant impact in a short space of time. The registered manager quickly identified areas for improvement and had a clear plan to develop and improve the service. Staff were complimentary about the support they received from their managers. Leadership in the home were visible. Staff appreciated the hands-on approach the management team took. Processes were in place to ensure the delivery of care was monitored and checked regularly. Governance systems identified areas for improvement and plans were developed and actioned. The registered manager and the team had built good working partnerships with other health and social care professionals and were developing and building strong links in the community.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was Requires Improvement (Published 28 May 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Tennyson Wharf

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors 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.

Service and service type

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

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and two relatives about their experience of the care provided. We spoke with ten members of staff including the regional director, registered manager, activities coordinator, care workers and the chef.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Using medicines safely; Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure the proper and safe management of medicines and to ensure people's assessed needs were met. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People's medicines were administered safely. Records of administration were accurate and documented clearly. Processes were in place to identify staff by their signatures in the event of an error. People who required medicines on an 'as needed' basis benefited from clear guidelines in place which described when the medicines should be administered. Medicines were stored appropriately and safely.
- Records showed staff who were responsible for administering medicines were provided with training and staff confirmed they were observed administering medicines by a suitably qualified person. Records of competency assessments showed the format used was comprehensive and included a scoring system to identify if staff had passed or failed. The registered manager told us staff were offered further training and support if they did not pass the assessment.
- People were supported to reduce known risks associated with their care. For example, one person was at risk of skin breakdown, due to being cared for in bed. Their care plan included information and guidance about the person's needs in relation to receiving enough nutrition and hydration and how often they would require repositioning to reduce the risk of pressure ulcers. Daily records of the person's care confirmed they were repositioned at regular intervals. They had recently gained weight which reduced the risk of skin damage.
- People who were at risk of choking had been referred to the speech and language therapist and had a professional report with guidance relating to the texture of their food and how they should be supported to eat safely. The key points from the guidance were included in risk assessments so staff were aware of the actions needed to reduce the risk of choking. One person's choking risk assessment included some contradictory information about which food were safe for the person to eat. We raised this with the registered manager and the information was corrected immediately.
- People were protected from risks associated with falls. One person who was identified as a high risk of falls had a risk assessment which described the measures in place to reduce the risk. Records showed the person had fallen since the risk assessment was written, immediately following the fall the risk assessment was reviewed to ensure the measures in place to reduce the risk were still applicable. Regular monthly reviews were carried out.
- Risks associated with the environment and the building were managed safely. For example, records showed the fire safety equipment in the home were regularly checked and maintained. A full assessment of

fire risks had been carried out by a qualified person. Maintenance records were up to date.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and knew who to speak with if they were worried. One person said, "[I would go to] the manager, he's very good. Since he's come the staff are better now."
- The provider had a safeguarding and whistleblowing policy which staff were aware of. Records showed staff were provided with training to ensure they could recognise the signs of abuse and knew how to report them. One staff member told us, "I would go to the nurse in charge, I'd tell them what was going on."

Staffing and recruitment

- Records showed staffing levels were sufficient to meet the needs of people living in the home. Some people said they thought staff met their needs promptly, but some thought they had to wait longer than they should do. One person said, "[Talking about the buzzer] I forget about it, I have used it though, yes the staff came straight away." Another person said, "Sometimes we're short, mostly at weekends probably."
- Staff told us agency staff had not been used recently and staffing levels were generally sufficient to meet people's needs. One staff member said, "If anyone calls in sick it can be a struggle, but we cover each other." Some staff told us short term sickness in the staff team had previously been a problem, one staff member told us, "The management do try to get the staffing right, sometimes sickness can be an issue. [The registered manager] has done a lot since he has been here, he is really starting to manage sickness."
- Systems and processes were in place to ensure recruitment of staff was carried out safely and complied with regulations. Previous work history and suitability for roles were checked. The disclosure and barring service was checked to establish if new staff had previous criminal convictions.

Preventing and controlling infection

- People and relatives consistently told us they were satisfied with the cleanliness of the home, one relative told us, "Yes, a couple of times they were doing a deep clean [of their relatives' room]."
- The standard of cleanliness throughout the home was of a high standard. Throughout the inspection we saw domestic staff cleaning different areas of the home.
- Records showed regular audits of infection control were carried out. Regular meetings were held with domestic and cleaning staff.

Learning lessons when things go wrong

- The provider had an effective system for ensuring accident and incidents were recorded and analysed for trends and patterns. For example, a monthly falls report was created which showed how many falls had occurred. Each fall was categorised according to what time the fall had happened. The registered manager used this information to develop a preventative management action plan.
- Records showed accident forms were signed by the registered manager and included information from the nursing staff about what medical treatment had been given.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection the provider had failed to ensure the service was acting in accordance with the Mental Capacity Act 2005 (MCA). This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

Ensuring consent to care and treatment in line with law and guidance

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.

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Records showed people who lacked capacity to make decisions had assessments carried out to determine their ability to consent. Where people were deemed to lack capacity, best interests' meetings took place. Where people had a lasting power of attorney (LPA) to make decisions about their health and/or finances, this was recorded clearly in their care records.
- Some people living in the home were being deprived of their liberty. Records showed the relevant authorisations had been obtained. Review dates for the authorisations were clearly recorded. All documents included evidence of best interests' meetings with relatives and advocates and the least restrictive options had been explored.
- Records showed, and staff told us, they were provided with training related to the MCA.
- People told us staff asked for their permission before providing care. One person said, "They will say do you need any help dressing? Or help you to sit up in bed. The cleaner is always very polite, she might say, 'can I come in and clean your room?'"

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they moved into the home. Records of assessments showed people's needs had been recorded and their wishes and preferences were sought. Information about

people's health needs and associated risks were included.

- Care plans were developed using the information obtained during the initial needs assessment. Care plans contained clear guidance for staff to follow to ensure people's health needs would be met. For example, one person had dementia and occasionally experienced distress which led to episodes of challenging behaviour. Information about how to support the person when they became distressed was recorded and clear for staff to follow. The care plan encouraged staff to check the physical health of the person to rule out infection as the cause of the behaviour.

Staff support: induction, training, skills and experience

- Staff told us they received an induction when they first started working at the home. One member of staff who had left the home to work elsewhere and recently returned told us, "I did four days training before I came back. I did the e-learning again even though I had done it already. The training is excellent, 100 percent better than anywhere I have worked."
- People and relatives told us they thought the staff were trained and competent. One relative said, "Yes they understand [relative name] needs, they know how to deal with everything, they know how [name] is going to be, they can anticipate that."
- Records showed staff were provided with an induction which included completing the care certificate. The care certificate is an identified set of standards which health and social care workers adhere to in their daily working life. Training records confirmed staff were provided with ongoing training to effectively meet the needs of people they were supporting.
- Nursing staff told us they were provided with ongoing learning and development to maintain their professional registration.

Supporting people to eat and drink enough to maintain a balanced diet

- People consistently told us they enjoyed the food and drink provided. One person said, "I think it's chicken and ham pie [for lunch]. I went to look at the menu, I can ask for bacon and eggs if I want to."
- During lunch people were offered choices by housekeeping staff showing them plated options of food. Where people needed support to eat their meal, staff supported them in a patient and thoughtful manner. In one area two staff ate with people to model eating lunch. This was a system the registered manager had recently introduced to encourage people to eat. Two people were supported by their relatives. People were offered a choice of drinks and the experience appeared very sociable and was not rushed.
- The chef and kitchen staff followed robust processes to reduce the risk of contamination and food poisoning. Information relating to allergies and food textures was available on a board in the kitchen. More detailed information regarding people's food preferences was kept in a folder. Kitchen staff were provided with appropriate training related to food hygiene standards.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People benefited from receiving healthcare services such as the district nurses and GP's. Other healthcare professionals such as chiropodists and opticians visited the home regularly.
- Records showed people at risk of choking were referred to professional speech and language services.
- District nurses provided training to staff in the home in relation to skin care.
- The registered manager was part of a local dementia alliance to ensure people living with dementia were provided with support which met their needs.

Adapting service, design, decoration to meet people's needs

- People benefited from living in an environment which provided them with facilities of a high standard. Since our last inspection the home had created a bar area for people to enjoy a drink with friends and

relatives. Traditional bar games were available for people to enjoy.

- People had access to a hairdressing salon and a café. Each unit benefited from its own kitchenette, dining and lounge areas. Facilities for people to bathe were available. Lift equipment and hoists were serviced and safe to use.
- People's bedrooms included en suite facilities and people were encouraged to decorate their rooms with personal belongings such as pictures, photos and ornaments. For people living with dementia, memory boxes were placed outside bedrooms to help people recognise their rooms.
- People living with dementia benefited from a memory board with photos of people's holidays and special memories. A wedding day board was positioned in the corridor for people to look at and reminisce. Staff told us people liked looking at the board and talking about their own wedding day.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives consistently confirmed staff were kind and treated them well. One person said, "Yes, everyone is very kind, very friendly and they really do care. They always ask if you're alright and if there's anything you need."
- People were treated as individuals, one relative told us about a situation they had witnessed recently. "Yes, a few weeks ago I saw the nurse trying to give one of the residents their medicine under very challenging circumstances and I was impressed."
- Relatives told us they felt welcome when visiting their family member. One relative said, "I have the key code for Saturdays and Sundays when the receptionist isn't here."

Supporting people to express their views and be involved in making decisions about their care

- People told us they were able to make choices about their care on a daily basis. "It depends what you want, I can have a shower if I want one, I get dressed myself. I choose to have breakfast in my room."
- People living in the home were encouraged to participate in activities such as gardening and helping in a shop situated in the home.
- Staff engaged people in meaningful conversation and encouraged people to be in control of their care. Staff were observed using open questions such as, "How would you like?" rather than, "Would you like?" This ensured people were encouraged to communicate rather than simply give a yes or no answer.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful of people's privacy. We saw staff knocking on doors before entering rooms, asking people what they would like and if they wanted help and support.
- People and relatives told us staff provided encouragement for people to maintain and develop their independence. One relative said, "They encourage [relative] to join in with activities and encourage [relative] to continue to feed themselves."
- Staff told us they were respectful of people's privacy and dignity when carrying out personal care. One staff member told us there was a culture of encouraging people to be as independent as possible. They said, "It's about them (people) doing as much for themselves as they can. I always try and do things with people, rather than for them."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Some care plans lacked the detail around people's life histories and what people liked and disliked. We discussed this with the registered manager who confirmed plans were already in place to address this. Other care plans contained better detail, for example one person's care plan described how important it was to them to maintain their appearance, how they liked to wear their make-up and what their favourite perfume was.
- Where possible people signed their care plans to say they were involved in the process and agreed with what had been written. If appropriate people's relatives were involved in developing care plans and providing important information about them so care would be personalised and tailored to their needs.
- Records showed care plans were reviewed regularly and updated when people's needs changed. For example, one person recently had a review of their care plan and a request had been made to develop a more structured approach toward exercise. Following the review an activity plan was agreed with the person to ensure they participated in activities which included exercise. Daily care records confirmed the person was getting more exercise and their health had improved.
- Care plans contained a section for people's cultural needs and preferences. Where people had expressed a wish to practice their religion measures were in place to enable them to achieve this.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were provided with information in a way they could understand. The registered manager told us they recruited a diverse workforce who could speak a range of languages and therefore assist with translation if required.
- The home could provide information in other formats as requires such as large print or braille.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to engage in meaningful activities which they had chosen. The home employed two staff whose role it was to plan a timetable of activities each week. In the reception area of the home there was a large display board with information about which activities were taking place.
- Staff told us they informed people about what activities were taking place by sending them an activities

newsletter. One person said, "They've [staff] given me a leaflet telling me what activities there are." Sometimes people were supported on excursions. One person said, "We went to Woodhall Spa in the minibus, we went to the Kinema in the Woods to see Downton Abbey."

- People were encouraged to participate in activities and try new things. One staff member said, "We don't give up." During the inspection we saw people in the communal area playing scrabble. During the afternoon a ukulele band were playing songs which people sang along and danced to. Staff joined in and supported people to take part. The session was uplifting and positive, people were laughing and smiling throughout.
- The home facilitated a weekly 'Gentleman's Club'. The club was designed to engage men living in the home and in their own homes to come together and socialise. The purpose of the club was to reduce isolation and loneliness for men.

Improving care quality in response to complaints or concerns

- People and relatives knew how to complain and raise issues if they needed. When asked if they had ever complained one person told us, "Never, everyone's so nice." One relative told us, "I've no complaints, if I did, I would do it in writing."
 - The provider had a complaints policy which was reviewed and updated regularly.
- We saw complaints were responded to and dealt with according to the provider's policy. Where appropriate apologies were provided in writing if the provider was at fault.

End of life care and support

- People were supported to make advance plans for the end of their lives. Where appropriate people's families had been involved. Where people decided they did not want to be resuscitated in the event of cardiac arrest this was recorded clearly in their care records.
- Staff were provided with training to ensure they could provide good care to people at the end of their lives. The provider held a nationally recognised accreditation for their high standards of end of life care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant the service management and leadership was not yet consistent and fully embedded.

At this inspection, we found the provider had made the required improvements and now met the regulations in this area. Whilst improvements had been made we have not rated this key question as Good; to improve the rating to Good would require a longer-term track record of consistent good practice.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to ensure effective systems and processes were established to monitor and assess the quality and safety of the service. This was a breach of regulation 17 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Since our last inspection the provider had recruited a new registered manager who, although relatively new to the role was very experienced and had made several improvements. They were embedding a more consistent approach towards ensuring regulatory compliance.
- Regular quality and safety audits were carried out to ensure the home was meeting regulatory requirements. Checks were regularly carried out by senior staff and the registered manager. Further checks and audits were carried out by the regional director. Records showed where shortfalls were identified, action plans with clear explanations of how the shortfall would be addressed were implemented.
- Records of clinical governance meetings showed shortfalls identified in medicines audits had been discussed and plans to make improvements had been recorded.
- The registered manager was visible and conducted a daily walk round of the home, so they could speak with people and staff. This enabled the registered manager to have oversight of the improvements being made.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Team meetings were held regularly for different staff teams, such as care staff, housekeeping staff and clinical staff. Records of the most recent meeting showed these were well attended. Records of meeting minutes showed key topics were discussed, for example, outstanding actions from improvement plans. These were shared with staff who were unable to attend the meetings. Staff told us team meetings were useful and benefited them. Staff also told us they were encouraged to participate and present their views and ideas, and these were listened to.

- People and relatives were encouraged to participate in meetings at the home to give their feedback and views. Records showed meetings had recently taken place and topics such as activities, food and drink and care were discussed. Records showed people made suggestions and these were acted upon.
- A person living in the home had been appointed as an ambassador. The role of the ambassador was to speak on behalf of other people living in the home and represent their views, ideas and suggestions on a regular basis and at meetings.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- People, relatives and staff all told us the registered manager was approachable and had improved the home since they joined the service. One relative said, "[Registered manager] is approachable." When asked about staff morale, one staff member said, "It is a lot better, I think [registered manager] has influenced things, he is more organised. He is a good manager, he will roll his sleeves up and gets involved. He always comes down and chats to the residents."
- The registered manager had implemented clear processes to address staff absence. Several staff told us this was beneficial and had a positive impact throughout the home.
- People completed surveys regularly to provide their feedback. Where people said they were less than satisfied this was added to an action plan. People were told about the results of the surveys and told about improvements made because of the feedback.
- The registered manager and staff team had developed good working relationships with partner agencies and other health and social care professionals. The registered manager told us about developing a closer relationship with the dementia alliance to ensure activities for people living with dementia were accessible to them.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Records showed staff including the registered manager acted on their duty of candour responsibility. Notifications to the local authority safeguarding team and the Care Quality Commission (CQC) were made to appropriately. Records of complaints showed they were fully investigated and responded to.
- The CQC inspection rating was displayed on the provider's website and in the reception area of the home.