Derbyshire County Council

The Spinney Care Home

Inspection report

Lansdowne Road, Woodlands
Brimington
Chesterfield
Derbyshire
S43 1BE

Tel: 01629537530
Website: www.derbyshire.gov.uk

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection took place on 29 January 2018 and was unannounced. The Spinney is a care home that provides accommodation with personal care and is registered to accommodate 37 people. The service provides support to older people who may be living with dementia. The accommodation at The Spinney is on the ground and there are four separate lounge and dining rooms for people to use. There is a smoking rom for people to use and outside garden areas. The home is in Chesterfield and has a car park for visitors to use.

The Spinney 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. At the time of the inspection there were 31 people using the service.

The service had a registered manager although they were not currently working in the service. The service was being managed by a registered manager from within a nearby home, managed by the same provider. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The Spinney was last inspected on 22 October 2016 and the service was rated as Good. On this inspection we found the service was now rated as Requires Improvement. This is the first time the service has been rated Requires Improvement. This was because improvements were needed with how people received their care and support. The quality assurance systems carried out by the provider had not been effective and had not identified where improvements were needed to ensure people received safe care. The provider had not ensured that staff recognised where people may have been harmed and action had not been taken to keep people safe. Medicines had not always been managed safely; people had not received a nutritious diet to keep well and related risks had not been identified or managed to keep people safe. As a result of safeguarding investigations, improvements were now being made, although assurances are needed to identify that lessons have been learnt and systems have been reviewed to promptly identify any concern.

People's care records were being reviewed to reflect how they wanted to receive their care and support. Risks to people were now being identified and staff understood the support needed to reduce the risk of preventable harm. Staff understood how to raise any concerns and were working alongside the safeguarding team to ensure investigations were carried out. A training programme had been developed to give staff opportunities to develop the skills they needed to provide the care for people. Medicine management systems had been reviewed and people were now receiving their medicines at the right time and this was recorded.

There were limited opportunities for people to participate in activities that interested them. The staffing had

been reviewed, but staff were not always available to support people in the different areas of the home, or had the opportunity to regularly engage with people.

People felt the staff were kind and treated them with dignity and respect. However, some interactions were not dignified or respectful as staff did not always ensure that people's individual needs were met.

People were now supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People were able to make decisions about their care and staff now knew how to respond if people no longer had capacity to make some specific decisions.

People received support from health care professionals where they needed this to keep well. Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required to meet people's needs. Infection control standards had been reviewed to ensure suitable hygiene standards were maintained in the home. People were now being offered a choice of foods to keep well. Specialist diets were catered for and alternative meals could be provided upon request.

People knew how to make complaints. They were confident that the staff and the manager would respond to any concern and they could approach them at any time. Complaints were managed in line with the provider's complaints procedure and people were informed of any investigation and actions.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Staff had not always identified where people may have been harmed and taken action to report this. There were not always sufficient staff working in the service. New staff had been safely recruited to enable them to work with people. Infection control systems were in place to maintain hygiene standards. Safe systems were in place to ensure people received their medicines as prescribed.

Is the service effective?

Requires Improvement

The service was not always effective.

Assessments were being carried out to determine people's mental capacity as it had not always been clear where people needed support to make decisions. A training programme had been developed to give staff the skills they needed to support people. Formal supervision had not been completed to enable staff to discuss their performance and address any learning needs. People now had a choice of food and drink which met their nutritional needs, and were helped to receive all the healthcare attention they needed.

Is the service caring?

Requires Improvement

The service was not always caring.

The staff were responsive to people's needs but care was not always respectful and maintained people's dignity. People's right to privacy was respected. People were able to choose how to spend their time and decisions were respected.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People were not always offered sufficient opportunities to pursue their hobbies and interests and do the activities they enjoyed. People had been consulted about the assistance they wanted to receive, although their care records did not always reflect this. There was a system to resolve complaints.

Is the service well-led?

Requires Improvement

The service was not always well led.

Quality checks were now being carried out although these had not always effective and assurances were needed that lessons had been learnt. People did not understand how the service was being managed and were unsure of any developments in the home. Staff were being encouraged to speak out about the quality of the service and felt listened to.

The Spinney Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection visit took place on the 29 January 2018 and was unannounced. The inspection visit was carried out by two inspectors, an expert by experience and a nurse specialist. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We brought this inspection forward as there had been a number of safeguarding concerns which were being investigated by the local authority. They had identified improvements were needed and indicated potential concerns about the management of risk in the service. Whilst we did not look at the circumstances of these specific incidents, we did look at associated risks.

On this occasion we did not ask the provider to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report and gave the provider an opportunity to provide us with further information. We reviewed the inspection report completed by Healthwatch Derbyshire. Healthwatch Derbyshire represents the consumer voice of those using local health and social services. Enter and view visits may be conducted if providers invite this and a report is completed to give examples of the limitations and strengths of service. All this information was used to formulate our inspection plan.

We spent time observing care and support in all four communal areas. We observed how staff interacted with people who used the service. We spoke with 14 people who used the service and four relatives. We also spoke with seven members of care staff, the manager and service manager, two social care professionals and a safeguarding officer. We did this to gain people's views about the care and to check that standards of care were being met.

We looked at the care records for eight people and we checked that the care they received matched the

information in their records. We also looked at records relating to the management of the service, including medicine records, quality checks and staff files.

Requires Improvement

Is the service safe?

Our findings

There had been a number of safeguarding concerns raised prior to our inspection visit as people had not always received the care and support they needed. The staff had not protected people from harm as they did not always know how to recognise abuse and how to act if they were concerned. This had included action not always being taken where people had fallen; people had not always received the right medicine and where people had lost significant amounts of weight, action had not always been taken to ensure their health and welfare.

As a result of the safeguarding investigations, it was identified that the care records did not contain the necessary information about how people wanted to be supported. Risk assessments had not been completed to identify how to reduce risks whilst avoiding undue restriction. The manager was working alongside social care professionals to develop these plans. They told us, "This will take some time because it's important and we want to do this properly. This means making sure we include people and staff so they agree and understand the information." The manager had reflected on where improvements were needed and how support could be improved. We saw where care records had been completed, they now included information about how to reduce risk and keep people safe.

Where people were at risk of falling, assessments had been completed to identify where the risks were and equipment was available to help people to move safely. We saw that staff worked in a safe manner when using equipment, spoke with people and informed them of what was happening to reduce any anxiety. We saw staff supporting people who were able to walk with assistance to get safely from one area to another. Where people had mobility aids, we saw these were placed in reach of people and they were able to move around the home unrestricted. We saw that where people had previously been nutritionally at risk, their diet had been reviewed and advice had been sought from health professionals in relation to their eating and drinking to ensure they received suitable support to meet their needs.

The provider had reviewed the role staff had within the organisation and how they were deployed. These changes had meant that at times, people felt there were insufficient staff within the home. In general, staff felt this was improving and there were now sufficient staff to enable people to be cared for safely. One member of staff told us, "We were constantly fire-fighting before with not enough staff to provide safe care; it has been so demoralising." People felt safe and told us the staffing had been reviewed to allow staff to have the time to support them. One person told us, "There's lots more staff around then there used to be." One relative told us, "We don't need to worry now; they keep their eye on people here." However, we saw that at times throughout the day, there were no staff available in communal areas to ensure people's safety and a number of people were unable to summon assistance independently. In one lounge area one person told us, "[Person who used the service] always sits by the call bell, so if we need any staff, they will press it." In other lounge areas, people could not walk independently and would not be able to summon support from staff which meant they may be placed at risk of harm. One member of staff told us, "We try and be there as much as possible but there are times when we need to support people in their bedroom so can't be available." People's care and support was currently being reviewed, including risks to people. The manager told us that the staffing provision had been reviewed to ensure that staff were available in all four areas.

They agreed that where risks are identified, the support people receive would need to be reviewed to ensure they were safe.

Medicines were now managed effectively to reduce the risks associated with them. People received their medicines as prescribed; were given time to take these and staff explained what they were for. One person told us, "The staff don't forget my tablets. It used to be a worry so it's nice that this is always sorted out for me now." Staff were knowledgeable about the medicines and any associated risks. For example, they told us about pain relief medicines and how these were managed to make sure people received effective pain relief whenever needed. We saw that the staff spoke with people at eye level and explained why the medicine was needed. We saw that staff stayed with people until they were sure all the medicine had been swallowed. The records were correctly completed; including the recording of relevant codes, for example, when people refused their medicine. A fridge was provided to store certain medicines and this was monitored to ensure they were kept at a suitable temperature.

Some people were at risk of developing sore skin. People had new mattresses that were suitable to meet their needs and they were regularly repositioned, their skin was checked frequently, and referrals were made to the necessary professionals when needed. The care records did not always reflect the support people needed and daily records did not always show when people had been supported to change position. However, when we spoke with staff, they understood the care people needed and gave a handover of any care information that would need to be completed by staff later in the day. One member of staff told us, "We have a handover sheet and we write down what we have done and what people need. We know this could be improved and we are getting everything written down, but it's not all there yet."

People were satisfied with the standard of cleanliness in the home. One person told us, "I think it always looks lovely here; I'm quite happy." We saw staff wore gloves, aprons and used sanitising hand gels before delivering personal care. The manager had identified that new laundry equipment, waste disposal products and sluice facilities were needed to ensure that infection control standards were being maintained. We saw these had been ordered and new equipment was being installed. The manager told us, "We now have better systems to make sure waste is disposed of and the laundry is sorted. The provider has been very responsive and we were able to order everything we needed." New posters had been printed ready to be displayed in the sluice room and stores; these reminded staff of agreed domestic cleaning systems with pictorial aids.

People were cared for by staff who were suitable to work in a caring environment. Before staff were employed we saw the manager carried out checks to determine if staff were of good character. Criminal records checks were requested through the Disclosure and Barring Service as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions.

Requires Improvement

Is the service effective?

Our findings

As part of the local authority's safeguarding investigations, it had been identified that people had not always had a choice of nutritious food and drink, including a fortified or specialist diet when required, to keep well. The manager had now reviewed the dietary choices for people and there was a new four week menu available. People now had access to fresh food and a choice of different meals. We saw people were offered different food, drinks and snacks throughout the day. Staff encouraged people to drink and where this needed to be monitored, we saw each drink was recorded and reviewed to ensure people had sufficient fluids to keep well. One person told us, "The cooks are good. They've just altered the menu so you get variety now. Today it's salad, beef stew or a jacket potato. They are very accommodating; you get a lot of it and it is home-made food." The tables were well presented and people had a range of crockery and cutlery to support them to remain independent. At meal times, meals were served individually and people were asked about the different foods they wanted. One person told us, "If I don't like anything, they leave it off your plate. The food's better now." One relative told us, "No matter what they want to eat, they get it for them. They wanted soup for breakfast and they got that". Where concerns had been identified that people needed support to ensure they received their drinks and food safely, advice had been sought from the speech and language therapist and the new support plans included this advice.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. People told us they were consulted about their care and we saw that consent was sought before staff provided any support. Some people lacked the capacity to make some decisions and with the support of social care professionals, capacity assessments were being completed. We saw these focused on how capacity had been assessed and where people needed help to make a decision; a best interest decision had been recorded. The manager told us, "We are confident that where the plans have been reviewed, we have got it right. We know there are still a number of people that we still need to look at how they make decisions. This takes time as we need to do this together and make sure we involve important people and act in their best interests." Where restrictions had been identified, applications to lawfully deprive people of their liberty had been made.

Staff received an induction when they were first employed which included working alongside a more experienced member of staff. Many of the staff had worked in the home for a long period of time. The manager explained that new staff were being recruited and would complete the care certificate. The care certificate sets out common induction standards for social care staff. It has been introduced to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable

them to provide people with safe, effective, compassionate and high quality care. A new training programme had been developed to ensure that staff received the training they needed to support people effectively. The manager told us, "It's going to take some time to make sure all the staff have all the training they need but this is now happening." One member of staff told us, "Things do seem to be better now. It's good we are getting the training we need. We want to get everything right and this training will help us, so we know if things aren't right." Staff were not receiving formal supervision sessions to support them with their development and give them an opportunity to discuss their performance. One member of staff told us, "I guess there is a lot to do. We've been told this will be introduced but it hasn't happened yet."

All shared environmental facilities were on the ground floor and there were four lounge and dining areas. People were able to move about their home safely as there was sufficient communal space to enable them to pass or have room to use their wheelchair or walking aids. The home was decorated differently in each lounge and each wing had a different colour associated with it. There were colour coded signs which helped people to find their way to the different lounge areas. People liked the home and were happy with the environmental standards and told us it felt 'homely'.

People's health care needs were met as referrals were made as needed and recommendations made by professionals were followed. People received the help they needed to see their doctor and other healthcare professionals such as specialist nurses, dentists, opticians and dietitians. One person told us, "The staff are very good at calling the doctor. If you ever feel ill, they don't mess about." Another person told us, "If you need a doctor or anything they get them quickly. I had to be taken to hospital once. I got a clot and they got an ambulance straight away." Another person said, "A dentist came and checked me and then they've made an appointment for me to go to his surgery for a filling.

Requires Improvement

Is the service caring?

Our findings

Staff were responsive to people's needs although did not always communicate in a way that was positive and meaningful to them. For example, one person told us they liked to eat their meals in their own room and told us they were looking forward to their lunch, which they knew was beef casserole. They were partially sighted and needed a small table in front of them to help them to eat their meal to eat independently. At lunchtime the meal was placed on top of a tall bedside locker located at the side of their chair. The person had to shout after staff to ask whether they could have a table so they could eat their meal. When a table was found the meal was no longer hot, so a second meal was organised but then left on the table in front of them with no attempt to explain the various food items and where they were located.

Staff often but did not always protect people's dignity and privacy. For example, we saw staff weigh one person in the middle of the lounge, interrupting the person by telling them that it needed to be completed at that time. One person sitting in one lounge area highlighted that staff had not adjusted another person's clothing after they had used the hoist to move into a lounge chair. Staff had adjusted their chair into a semi reclining position to aid their comfort before leaving the lounge but had not recognised the person's skirt needed tidying, to ensure their dignity. This meant their underwear was visible to people sitting opposite them. Another person who used the service noticed and adjusted the person's clothing to which the person smiled and nodded in appreciation. We saw one man wearing a flowery patterned apron. A member of staff told us, "We have plain, dark coloured aprons were for men, which they usually wear. I don't know why they have been given that one." The person was unaware of the apron design due to their poor eyesight and when this had been identified, staff did not offer to change this to reflect their dignity and choice. However, we also saw staff made sure doors to bathroom, bedrooms and toilets were closed when people were using them and receiving personal care.

We also saw staff understood some people and were kind and caring. One person told us, "The staff are very patient; we've never seen anything untoward, anything to concern us." Another person told us, "The staff are not nasty, if anyone becomes upset or confused they deal with them in a nice way." We saw staff being caring. For example, one member of staff told us about a person who suffered with depression and low mood, which meant they sometimes found it difficult to interact and engage with others. The staff member knew what may upset them and what helped to alleviate this. We saw that staff were sensitive in their approach by giving the person time and communicating gently with them in a way they understood. They used gentle subtle encouragement and did not rush the person to join in with conversation with others around them. This resulted in the person becoming less withdrawn, giving and receiving eye contact, smiling and eventually becoming more relaxed and engaged with others at their own pace. This showed staff were respectful, understood how to communicate and support the person in a way that was meaningful to them.

Staff knew people well and had a good knowledge about the things that were important to them. We heard the staff reminiscing with people about their earlier life and their family relationships at lunch time. We heard laughter and conversations between people and the staff as they spoke about topics that interested them and their family. People sitting in the communal rooms had blankets over their knees or close to hand and their personal items; for example, their hand bag, magazines and papers or snacks and drinks were on a

nearby table and within easy reach.

People could choose how they spent their time and were supported to be independent. One person said, "They'll help me in a wheelchair if I want but they do try and get me to walk." Another person told us, "I try and do as much as I can for myself and they encourage that but they help me when I need it". We saw some people liked to spend time together in communal areas and other's preferred to stay in their bedrooms. One person told us, "I prefer to spend my time in my bedroom. It's never a problem and the staff pop in and check I'm alright.

Requires Improvement

Is the service responsive?

Our findings

The manager had recognised that people's care records did not include information about how they wanted their care and this had not always been reviewed to reflect their current support needs. We saw new care records were being developed with social care professionals and these included information about how to provide support, what the person liked, disliked and their preferences. The manager explained that these were being prioritised and all people would have these developed. Staff understood people's preferred routines and care preferences and shared information about people's care at each shift change. We were included in his handover process and heard that staff discussed the important events during that shift, including any changes in people's health and safety needs and their related care requirements. Discussion with staff showed they understood the related risks and care requirements but current records meant there was a potential risk to people from this of receiving ineffective or inconsistent care.

Staff understood the importance of promoting equality and diversity, although this was only promoted in relation to supporting people to practice their faith. Where people had chosen to practice their faith, they were visited by a representative of their church. One person told us, 'The vicar comes to see me regularly and provides me Holy Communion; which I really appreciate but there's not much else going on." The staff explained that none of the people using the service practiced different faiths other than Christianity, although they knew local services that people could access if they had different faiths or beliefs. The support plans did not consider any additional provision people might need to ensure they did not experience discrimination. An example of this, was establishing if people had cultural or ethnic beliefs that may impact on their care.

People had mixed views about the opportunities they had to pursue their hobbies and interests. We saw people watched the television or listened to music but there were no organised activities arranged; interaction with staff tended to focus on when staff supported people with personal care. One person told us, "It would be nice to go out somewhere. I only go out with my family." Another person told us, "We used to go outside walking around the garden; it doesn't seem to happen now. I used to like that as I like fresh air." and, "We used to have chair exercises and hand massage which was good, but not for some time now; it's a shame really." Staff members told us that they were responsible for organising any activities and there were limited opportunities to go out. One member of staff told us, "People used to enjoy going out in the garden but it needs some work doing now."

People spoke positively about a recent activity where children from a local school had visited them and they had an opportunity to speak about the war and their personal experiences. One person told us, "I really enjoyed this. It was lovely to see the children and they were really interested in what we had to tell them." Other people organised their own activities. In one lounge, there were newspapers provided. One person discussed the news with other people which generated some discussion which was welcomed by other people sitting in the group. Some people organised a game of dominoes together in the front main lounge; they talked with each other and told us they enjoyed playing this game. One person said, "We always play this game together. It's something we both enjoy."

People were happy to raise complaints or concerns if necessary and confident these would be addressed. There was a complaint system in place and the manager explained how they considered the circumstances of the complaint before providing a response. Where complaints had been made we saw these had been investigated and people informed of the outcome. Where any complaint was substantiated, the provided apologised for any distress that may have been caused and their response included any action taken. Staff told us they were informed about any complaints received so that they could learn from them.

The manager was aware of how to support people who had English as their second language, including being able to make use of translator services and providing information in different formats where these was needed. Information was available in large print upon request although was not at present in pictorial format to help people to understand the information. For example, the new menu had been printed to display in the home, but was not in pictorial format form which could assist people to make choices and when asked; people could not recall what meals were being served that day.

People felt that visitors were encouraged and we saw that visitors were greeted by staff in a friendly way. They told us that the staff always offered them refreshment and that they were made to feel welcome and could visit at any time. One relative told us, "We are always greeted nicely by staff and made to feel welcome."

At the time of this inspection the provider was not supporting people with end of life care, so therefore we have not reported on this.

Requires Improvement

Is the service well-led?

Our findings

Quality assurance systems were in place but these had not been effective to promptly identify improvements were needed within the service. Quality monitoring systems had been completed although these had not highlighted that people had been placed at risk of harm; care records did not include the information needed to provide their support, where people were at nutritional risk, their weight loss had not been considered as a concern and had not been reported. Records did not always show how people's consent had been obtained for their care or how decisions about this were made or authorised by others in their best interests when required. The staffing levels had not always been sufficient to meet the needs of people who used the service and staff had not identified or acted when safeguarding alerts needed to be made. Healthwatch Derbyshire has been commissioned by the provider to conduct a range of unannounced visits to their residential services across the county. Their visit had also identified improvements were needed within the home to raise standards within the home.

A social care professional was working with the manager to address the concerns. However, the related management improvement plans provided did not accurately show the level of potential risk to people from this or identify clear improvement measures to mitigate the risk. Through complaints made, the provider had acknowledged that improvements were needed within the service. They had reported that investigations had showed that there were serious failings in the systems and practice within home. The provider's arrangements for governance and oversight to ensure related improvements were achieved were not assured. This meant people were at risk of receiving inappropriate care that did not meet with their wishes or best interests.

This evidence demonstrates there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People did not always feel informed about how the service was being managed, what the current concerns were and how these were being addressed. The manager told us that people were informed about the changes but not everyone felt they understood this. A common concern expressed by people and their relatives was that whilst it was obvious that there were current issues regarding the management and staffing, they felt they were not being sufficiently informed about this. One relative told us, "Since December it's been full of bosses and people from the council; it is obvious something's gone off but nobody says anything. It's full of people; you don't know who's who. I came in one day and there were people sitting at both sides of the reception desk, in the office, all over, all on computers. People are suspicious; there are rumours. People aren't daft; they see things and hear things so they should be told what's going on." One person told us, "They do try and keep us involved but we don't always understand what they are saying." Despite this, people felt the staff morale was good. One person told us "There's been a bit of disruption with the management, you tend to see a lot of people who are in charge about now but they are all friendly". They continued, "Staff don't talk about it, there doesn't seem any problem with them, it doesn't seem to have affected morale or anything." Staff confirmed they felt things were improving and one member of staff told us, "There's a lot of changes but it's for the good. It should have been done ages ago. Staff realise that."

Staff were aware of the concerns and related developments that were being carried out in the home through team meetings. One member of staff told us, "It's good to see things are moving in the right direction but there's still a way to go." Staff understood their right to share any concerns about people's care at the home and knew about the whistle blowing process. Whistle blowing is the process for raising concerns about poor practices. One member of staff said, "In the past it's been difficult but I feel more confident that things would be sorted now, so I could speak out about things I felt weren't right."

The manager had considered how they could learn and innovate which included liaising with other managers in care services managed by the same provider. They were currently the registered manager of another service that was rated as Good and were aware of their responsibilities. They told us, "I know what needs to be done here. We are getting a lot of support to make sure the standards here are raised and I'm confident that we have made significant progress."

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

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Effective systems and processes were not in place to assess, monitor and improve the quality and safety of the services provided.