

Father Hudsons Society

St Joseph's

Inspection report

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14 August 2018

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

We inspected this service on 13 and 14 August 2018, the inspection was unannounced on 13 August. We told the manager one inspector would return to complete the inspection on 14 August. The inspection was carried out by one inspector, an assistant inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

St Joseph's is part of Father Hudson's Care, which is the social care agency of the Catholic Archdiocese of Birmingham, a registered charity. St Joseph's provides accommodation with personal care and support for up to 59 adults. St Joseph's specialises in care for people living with types of dementia and is divided into four 'wings;' Pearl, Topaz, Jade and Ruby. Short stay care (respite) is offered by the home. At the time of this inspection, 47 people were living at the home.

A requirement of the services' registration with us is that they have a registered manager. 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 previous manager had de-registered with us in June 2018 and, at the time of our inspection visit, the new manager, who came into post in July 2018, was in the process of applying to become registered with us.

We last inspected this service on 4 February 2016 and gave an overall rating of 'Good.' However, we had found people did not consistently receive a safe service and rated the safety of the service as 'Requires Improvement'.

As a part of this inspection, we looked to see whether the provider had made the necessary improvements. Overall, they had not and we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The safety and how well led the service was required improvements. The overall rating for the service has changed to Requires Improvement.

Actions to mitigate risks to people had not always been taken by the provider. Some first-floor bedroom windows opened to arm's length which posed potential risks of serious injury to people. People did not have individual personal emergency evacuation plans to say how they should be supported in the event of an emergency.

The provider had systems in place to monitor the quality and safety of the service people received, but these were not always effective.

There were sufficient trained staff on shift who had been recruited in a safe way so as to ensure people were not placed at risk of abuse, harm or injury.

Individual risk management plan, such as preventing people getting sore skin, described actions for staff to take so that risks of harm or injury were mitigated. However, actions to mitigate risks were not always followed by staff.

Medicines were stored and handled safely. People had their prescribed medicines available to them. Some medicine recording errors had occurred and whilst these were addressed by staff, medicine audit information lacked detail.

Staff on shift met people's individual needs. People were able to take part in activities and received good pastoral care. Staff worked in liaison with visiting healthcare professionals in meeting people's health and care needs.

Staff received training and, overall, used their skills, knowledge and experience to provide effective and responsive care to people.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe because actions to mitigate specific risks to people had not been taken by the provider. This posed potential risks of serious injury to people.

Some risks to people had been assessed and management plans were in place. The provider's recruitment system checked staff's suitability to work at the home. Staff understood their responsibilities to protect people from abuse. People received their medicine safely.

Requires Improvement ●

Is the service effective?

The service remains Good

Good ●

Is the service caring?

The service remains Good

Good ●

Is the service responsive?

The service remains Good

Good ●

Is the service well-led?

The service was not consistently well led. The provider had not ensured risks that related to the health, safety and welfare of people were assessed, monitored and actions taken to mitigate those risks.

Systems to audit the quality of the service provided were not always used to drive improvement of the services provided.

Staff felt supported in their work, and that the management and provider was approachable.

Requires Improvement ●

St Joseph's

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 comprehensive inspection took place on 13 and 14 August 2018 and the first day of our inspection visit was unannounced. Opportunity for people, relatives and staff to give us feedback following our visit, was given by us leaving a poster displayed in the home about our inspection. One inspector, an assistant inspector and an expert by experience undertook the inspection.

The provider returned their completed Provider Information Collection (PIC), as requested, during December 2017. This is information that 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. However, during our inspection visit, we gave the provider the opportunity to give some key information about the service, what the service does well and improvements they planned to make.

We spent time with people and observing communal areas where people interacted with staff. This helped us judge whether people's needs were appropriately met and to identify if people experienced good standards of care.

During the inspection we spoke with ten people living at the home and eight people's relatives. We spoke with 10 care staff, the chef, the administrator, one maintenance staff, three 'wing' assistant manager and one 'wing' acting assistant manager and the manager. We also spoke with one healthcare professionals who frequently visited the home.

We reviewed five people's care plans, daily records and five medicine administration records. This was so we could see how their care and support was planned and delivered. We also looked at other records, these included four staff recruitment files, and the provider's quality assurance audits. This was so we could see how the manager and provider assured themselves people received a safe and well led, quality service.

Is the service safe?

Our findings

At our previous inspection in February 2016, we found the service people received was not consistently Safe. We had found assessments that related to identified risks of harm or injury to people were not always up to date. Procedures for safeguarding people from abuse had not always been followed. Information about people's 'when required' medicines was not always available. We rated the safety of the service as Requires Improvement.

At this inspection, we looked to see whether improvements had been made. We found some areas that related to people's safety had improved. However, the overall safety of the service continued to require improvements to be made. The rating continues to be Requires Improvement.

The premises were not consistently safe. We checked how far windows could be opened in two first floor bedrooms and found these could be extended to arms-length because no restrictor had been fitted. The windows were large enough for a person to potentially fall from. A further 15 first floor bedrooms had no window restrictors fitted. Of the 17 bedrooms with no window restrictors fitted, 13 of these were occupied by people. This posed potential risks of serious injury or death to people from falling from a height. The provider had no risk assessment to show why actions to mitigate such risks had not been taken. There was no risk assessment to give reasons why the provider had not followed the Health and Safety Executive's approved code of practice that related to devices, such as window restrictors, being fitted.

People did not have personal emergency evacuation plans (PEEPS). The provider had not considered people's individual needs and how they would reach a place of safety, within a satisfactory period of time, in the event of a fire. There was no information available to tell staff or emergency services what level of support or special equipment people would require in the event of an emergency.

This was a breach of Regulation 12 (1) (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed these specific concerns with the manager on the first day of our inspection. The manager told us they were unaware that 17 of the first-floor bedroom windows did not have window restrictors and could not tell us who had responsibility for checking these were in place and effective. Immediate action was taken by the manager to ensure an order was placed for devices to restrict window opening. On the second day of our inspection, the order was received and fitting the devices commenced. The manager told us the work would be fully completed during the 14 August 2018.

The manager told us they had not been aware of the need for PEEPS. They told us they would ensure people's individual needs were assessed and any special equipment that would aid people being supported to a place of safety would be purchased by the provider. The manager assured us PEEPS and equipment would be in place by the end of September 2018.

Some other individual risks to people had been assessed and actions were in place to reduce the risks of

harm or injury. For example, one person had been assessed to leave the home on their own. Staff knew they needed to ensure this person had their mobile phone with them. This person also carried a card with their name and address on, which they could refer to as a reminder or show a member of the public if they became anxious about how to get home. Another person chose to smoke cigarettes and staff knew how they should support this person to keep them, and others, safe.

Some people had been assessed as being at risk of falls. One relative told us, "I feel my family member is safe because any movement from them in the night is picked up by the special laser light in their bedroom and staff go to them straight away." Some people had special equipment, such as laser lights, that detected motion to alert staff that people, who could not always use call-bells, needed support.

However, where some individual risks to people had been assessed and actions put into place to reduce risks of harm or injury, actions were not consistently followed by staff. For example, one person had been assessed as 'at risk of pressure sores (sore skin) due to poor mobility.' This person had a special pressure relieving cushion still wrapped in its cellophane delivery packaging in their bedroom. We asked staff about this and one staff member told us, "The new cushion was delivered last week. We haven't used it yet because [name]'s skin is good and not sore." The manager confirmed this person's special cushion should be used and reminded staff of their training about preventing skin becoming sore by using equipment provided.

People told us they felt safe from the risks of abuse. One person told us, "I feel safe, I have my own key to my door." Other people commented they felt safe because staff were around to 'keep an eye on them.' Another person told us, "I would feel comfortable telling staff if I did not feel safe". Staff understood the importance of reporting any concerns they had and the manager knew what information they had to escalate to us and the local authority. The manager had made improvements so that a log was kept of any reported safeguarding incidents, progress of investigation and outcomes.

The provider's recruitment procedures included making all the pre-employment checks required by the regulations, to ensure staff were suitable to work within the service.

There were sufficient staff on shift to meet people's needs. The manager told us each 'wing' had an assistant manager but they only spent one day a week on their wing. We were told this was because of other duties undertaken, which included booking healthcare appointments, transport and ordering and checking in medication. These other tasks were undertaken by the 'wing' assistant manager in an office base on the ground floor of the home. The manager told us they had identified this as a concern and discussions were underway with the provider as to how staffing deployment might be altered. The manager agreed that increased 'wing' assistant manager's presence on their 'wing' would provide greater support to staff and shift leadership.

Medicines were stored, managed and given to people safely and in accordance with best practice. Staff completed training before supporting people with their medicines. We observed staff explained to people what their medicine was for and they were not rushed to take their medicines. Since our previous inspection, improvement had been made in relation to information being made available to staff where medicines were prescribed on an 'as required' basis. 'Protocol' information had been written to ensure a consistent approach was taken. For example, information about when people should be given their 'as required' paracetamol.

Areas within the home were clean and tidy and cleaning schedules for housekeeping staff ensured the home was regularly cleaned. However, due to some areas being worn or damaged, effective cleaning could not

always take place, which posed risks of cross infection. For example, the kitchenette on Jade 'wing' had cracked and missing tiles, and one tiled area above the designated handwash sink was dirty where a sign had been taped to tiles.

Staff had received training so they understood the importance of good hygiene and safe infection control measures, such as using personal protective equipment where necessary.

The provider did not have an identified process for ensuring lessons were learned when things went wrong. For example, accidents and incidents were reported by staff and a log kept. However, there was no overall analysis of accidents and incidents to ensure any learning was identified and risks of reoccurrence minimised.

Is the service effective?

Our findings

At this inspection, we found staff had the same level of skill and experience and support to enable them to meet people's needs as effectively as we found at the previous inspection visit. Staff continued to offer people choices and supported them with their dietary and health needs. The rating continues to be Good.

Staff felt they had the knowledge and skills they needed for their job role and were very positive about the training they received. All new staff completed the provider's induction training, this included DVD training sessions, taught face to face sessions and working alongside more experienced staff (shadowing).

For care staff new to working in the care sector, they completed an in-house induction which the manager told us they planned to link this to the Care Certificate. The Care Certificate assesses staff against a specific set of standards. Staff have to demonstrate they have the skills, knowledge and behaviours to ensure they provide compassionate and high-quality care and support. Staff were offered further development opportunities to complete a nationally recognised vocational qualification in health and social care.

Staff demonstrated their skills in their care practices. During one person's transfer from their chair to a wheelchair, staff reassured them and one staff member said, "We're going to go down now." On the manoeuvre in to the wheelchair the person was not positioned well, another member of staff noticed this and repositioned the person so that they were in a more comfortable and safe position.

People's nutritional needs were met. The chef showed us information about people's likes and dislikes and special dietary requirements. The chef explained they did not ask people in advance which choice of meal they would like as this had not worked well for people living with dementia, as some people found a visual choice at the point of meals being served easier to make. Meals were well presented and nourishing snacks were also offered to people. One person told us, "Staff tell us what is for lunch and we get enough to eat."

We observed the support people received during three lunchtime meals and, overall, people were given the support they needed and offered choices. One mealtime was less well-organised, and one staff member reflected on this and explained to us why things had gone less well than usual. They agreed to share this with the manager so learning could take place. On the second day of our inspection, we saw meal choices were given to people by offering people a spoonful 'test taste' of the options available.

Some people had been assessed as 'at risk' of dehydration and / or malnutrition. Of the people whose fluid intake was recorded due to their identified risk of dehydration or other health issues, only one person had a target amount to be achieved which staff knew about and encouraged the person with. Other people had no identified fluid target in their care records and staff told us they did not know what this was. However, we saw people were encouraged to drink and were supported whenever needed. One relative told us, "My family member had a water infection and they now give her cranberry juice as recommended and they now keep her hydrated encouraging her to drink more she is much brighter now."

Access to healthcare services was maintained so people's individual needs were met. A GP visited the home

once a week and saw people who had been 'listed' by staff for non-urgent health issues. The manager told us if something was more urgent and could not await the weekly visit, a GP home visit would be requested sooner.

During our walk around the home with the manager, one person told the manager they felt 'very chesty' and was coughing. The manager told them the GP was visiting today and would add them to the list. When the manager checked the GP's list, they found staff had already responded to this person's needs and they were to be seen by the GP.

District nurses visited the home frequently to support people with any nursing needs. These included administering insulin injections, changing dressings and assessing people for special equipment including airflow mattresses and cushions so their skin did not become sore. The district nurse told us, "No one has any pressure area skin damage at the moment, things are going well overall."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Some people living with dementia lacked capacity to make decisions for themselves. Best interest meetings and decisions had been made for some people to receive their medicines 'covertly' and hidden in food or drink. These were recorded and staff followed the guidance given.

Staff worked within the principles of the MCA and understood the importance of gaining people's consent before, for example, supporting them with personal care. Staff understood that when people may not be able to make simple choices, they must act in the person's best interests based on their knowledge of people's likes and dislikes.

At the time of our inspection visit, nine people had an approved DoLS and a further 15 DoLS referrals had been made for people living at the home. The manager understood their responsibilities under the Mental Capacity Act and gave us examples of when they would apply to the supervisory body for an urgent DoLS.

The premises were purpose built to provide 'care home' facilities and met people's needs. Each 'wing' had 14 ensuite bedrooms, with an additional three bedrooms next to one 'wing.' Each 'wing' had communal dining and lounge areas. There were also sunrooms, a conservatory and ground floor 'wings' each had an enclosed garden space which people could access freely. One person showed us enclosed roof terrace gardens on each first floor 'wing', this person said they 'enjoyed the fresh air.' People could access roof terraces with support from staff or their relatives so their safety was maintained. The garden spaces created a pleasant space where people could relax and enjoy the fresh air.

Is the service caring?

Our findings

People received the same level of kind care and support as at our previous inspection. The rating continues to be Good.

Staff treated people with kindness, patience and respect. Staff asked people questions to determine if they were well or needed anything. These included, "Are you ok?" and "Are you warm enough?". One staff member told us, "We engage a lot with people here, we have a little chat and a cup of tea." Another staff member told us, "I can comfort a person by reassuring them and holding their hand."

Staff valued people and showed respect toward them. Some people living at St Joseph's were ordained priests and nuns. We heard staff prefix these people's names with Father or Sister, showing respect for them and their previous roles within the Catholic family.

Staff respected people's dignity when providing or supporting people with personal care. One staff member said, "We shut their bedroom's door so people walking past cannot see in." Another staff member told us, "I make sure their bedroom curtains are closed". People told us they could have a shower if they wished to and there were no restrictions about when or how many. One staff member said, "We usually have a permanent member of staff assisting people with their shower, because it's better people see a familiar face; someone who knows them and how to maintain their privacy."

People were supported to maintain important relationships to them. Staff told there were no set 'visiting hours' and people's relatives and friends were able to visit without restriction. During our inspection visit, people's relatives and friends told us they felt welcomed by staff. One person had a visit from their grandson and great-grandchildren and another person told us, "It's lovely to see the little children playing."

People and / or their relatives knew they had a care plan. One person told us, "I am aware of my care plan and of my wife's care plan and it has been updated."

People were encouraged and supported to be as independent as possible. One staff member told us, "I ask people if they want to wash themselves or if they need my help." One person living at the home had previously lived in the local area and had been assessed as being able to go out of the home independently. Staff told us this person is more settled and happier now living at the home now they can come and go as they wish to. One staff member said, "This person's independence is really important to them."

Staff had received training in diversity, equality and inclusion and demonstrated a good understanding about treating people as individuals. They gave people choices and ensured their preferences were respected. Staff asked people if they wanted tea or coffee to drink. One staff member told us, "I always offer a choice. I get [person's] clothes out of her wardrobe in the morning and ask what she would like to wear."

Is the service responsive?

Our findings

At this inspection, we found people continued to receive care that was responsive to people's needs. The rating continues to be Good.

People's needs were assessed before they moved in to live at the home. People and / or their relatives were offered the opportunity to share details about 'My Life' which provided staff with whatever people wished to share about their earlier lives.

People had individual care plans which described the care and support people needed on a day to day basis. This included details about people's preferences, for example one person told us, "I don't mind a male or female carer, but staff did give me a choice."

Other important information was in people's care plans. For example, a mobility needs plan told staff which hoist and sling size should be used for people who needed to be supported with transfers.

People's pastoral care needs were met. The provider is the social care agency of the Catholic Archdiocese of Birmingham, and a resident Chaplain at St Josephs, offers a daily Mass for people who wish to attend. On both days of our inspection, this was well attended, and one person told us, "This is very important to me that I attend every day." Staff respected people's prayer time and Bible reading in their bedrooms. If people preferred, or were too poorly to attend Mass, the resident Chaplain gave people Holy Communion in their bedrooms. The manager told us other denominations would be catered for, if needed, by liaising with local faith leaders.

On the day of our inspection visit, no one at the home was receiving end of life care. The manager told us as soon as anyone's health deteriorated and healthcare professionals advised end of life care should be given, a specific care plan for this would be written. The manager said that whenever possible, the vision was to be able to offer end of life care at the home to people; with the support of external healthcare professionals.

People were supported to engage in social activities and maintain their interests. There was no designated activities staff member, instead all staff were responsible for supporting people with activities during mid-morning and mid-afternoon. The manager told us they were in the process of developing the role of the resident-liaison manager to become more involved in leading activities. During our inspection visit, a bingo session took place, a film was put on for other people and staff told us one person in particular liked animals and enjoyed the watching film. Also, an armchair exercise session was offered by a trainer whose time had been purchased by the provider.

The manager told us the resident liaison manager, who was on planned leave during our inspection visit, spoke with people and their relatives. However, feedback from these discussions was not recorded. The manager told us this was an area they planned to discuss with the staff member to ensure any issues that needed to be improved on, were recorded so actions could be taken.

People's views had been sought through the provider's six-monthly survey. The manager told us the most recent survey had been undertaken during May 2018. However, not everyone could recall being asked their opinions when we asked them if their feedback was sought. The manager told us they and the provider had read the feedback surveys and the provider was in the process of collating the analysis and any action plan, which would be shared with people and their relatives.

People's and their relatives were also offered the opportunity to give their feedback through 'resident and relative' meetings. The provider told us all feedback to them was important and this was also shared with their adult care subcommittee which met three times a year.

People told us they would speak with staff if they needed to complain about anything. One person said, "I have no concerns or complaints, I do know how to complain if I need to." The service had received no complaints to date during 2018. The manager showed us copies of the investigations that had taken place and actions that had been taken in response to issues raised.

The manager had ordered an enclosed display case so their complaints policy and other important information could be displayed and accessible to people. The enclosed case was deemed necessary because one person living at the home, liked to collect and remove displayed information from the reception area.

Is the service well-led?

Our findings

At our previous inspection in February 2016, we found the service people received was Well Led. We gave a rating of Good.

At our last inspection, we had found some issues that had not been identified by the provider's systems to monitor the quality and safety of the service. We were assured that more robust and reliable systems would be implemented so that where improvements to the service were needed, these were identified by staff, and actions taken. At this inspection, we found the provider's intention to implement more robust and reliable systems had not taken place. Audits were not robust and not always effective at driving improvements where needed. The service was not consistently Well Led and we rated this as Requires Improvement.

Monthly safety audits of 'wings' were not effective. An audit completed in June 2018 for one wing had not identified all 14 bedrooms did not have devices fitted on windows to restrict their opening. 'Wing' safety audits did have a list of 'action required,' however, no one had been designated to undertake the improvements and no time-frame had been recorded. The provider and manager had not checked whether actions had been completed.

Health and Safety audits were not effective. The health and safety audit of 'communal areas' undertaken by an assistant manager in June 2018 consisted of a list of issues they had identified as requiring improvement. However, there was no action plan and no one had been designated to undertake the improvements and no monitoring had taken place to determine whether actions to make the improvements had taken place in a timely way.

This was a breach of Regulation 17 (1) (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some issues identified by staff in the 'wing' safety audit posed potential safety issues for people, staff and others at the home. For example, one audit noted 'clutter under stairs' next to a fire exit. There was no record of any immediate action taken to clear the 'clutter' to ensure issues that may potentially impact on people's safety was maintained. At the time of our inspection visit, none of the fire exits were obstructed by any objects.

The provider had no system in place to analyse accidents and incidents so that actions could be taken to reduce the risks of reoccurrence. The manager told us they looked at individual records of reported accidents and incidents and was aware, since coming into post in July 2018, that they needed to start to undertake an overall analysis to enable them to look for any trends and mitigate risks.

Medication audits were not detailed and not used to drive improvements to reduce staff recording practices. There were signature and code gaps on the five MARs we looked at for 8, 9 and 11 August 2018. One 'wing' assistant manager assured us that people had received their medicines as prescribed and the gaps we saw were recording errors that would be captured by their planned MAR check. 'Wing' assistant managers told us

they checked all MARs every week to identify any recording errors and verbally addressed these with the relevant staff member. However, no record kept of MAR recording errors identified, which meant there was no process to monitor these or to determine whether improvements were made after issues were addressed with individual staff.

A medicines audit completed on 8 August 2018 recorded 'no concerns.' However, we found one person's tube of prescribed eye cream had been opened in July 2018, staff had recorded a 'to be disposed of date' as January 2019. This should have stated the end of August 2018. One 'wing' assistant manager changed this when we pointed this out.

Care plan reviews and audits took place, however, these did not always identify gaps in information which staff needed to refer to, so as to ensure consistent approaches were taken to people's safety and support. For example, numerous people had been assessed as at risk of dehydration or urine infections and had a fluid recording chart in place. However, people had no recorded 'target' fluid intake, so staff were unaware of when people may be at increased risk.

Spot checks on care practices were not consistently effective. The manager told us the resident liaison manager undertook 'spot-checks' on the 'wings,' however, these were not recorded so the manager was unsure what was checked. An effective spot-check on the first day of our inspection would have ensured staff had placed the pressure-relieving cushion on one person's chair for them to use.

The provider undertook service visits to the home. We looked at the most recent one completed in January 2018, which identified some concerns, such as staff recruitment and the actions taken to resolve this.

The manager worked in partnership with other healthcare professionals and had a meeting planned for August 2018 with the Clinical Commissioning Group (CCG). This was to look at falls prevention and guidance for staff. The manager told us they also had a meeting planned with an occupational therapist to help them with people's safety and support needs.

The manager said they were aware improvements were needed since they came into post. They gave us examples of staff supervisions not being up to date and felt greater 'wing' assistant manager presence on the 'wings' would be beneficial in supporting and guiding staff practice. The manager told us there had been a deficit of management hours with the deputy manager post been vacant. This post had now been recruited to, during July 2018, and a new deputy manager was due to start work during September 2018.

Staff told us they enjoyed working at the home and some had worked there for many years. One staff member told us, "The people living here are like my extended family." Staff felt the manager was approachable and would listen to them.

Staff felt supported in their role through training and team meetings. One staff member said, "It is a very supportive home. I would be happy for one of my relatives to live here." Another said "She [Manager] is very understanding, if she can help you she will." Another staff member said, "The managers are good, they are always willing to help out."

The provider had notified us of events that occurred at the service as required, and had also liaised with the local authority and CCG commissioners to ensure they shared important information in order to better support people.

It is a legal requirement that the provider's latest CQC inspection report rating is displayed at the service.

This is so people, visitors and those seeking information about the service can be informed of our judgements. The provider had clearly displayed their inspection report in the entrance area of the home. However, the ratings poster was not displayed. We saw one person liked to collect paperwork and take it away, and despite the manager's efforts, several items had been removed during our inspection visit. The manager had taken action to resolve this and an enclosed notice display board was planned for. The manager told us their ratings poster would be put there. The home's rating and link to the inspection report was 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 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not always assessed risks to the health and safety of service users receiving care. The provider had not done all that is reasonably practicable to mitigate those risks.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not always assessed, monitored and mitigated risks relating to the health, safety and welfare of service users.