

Care View Services Limited

Mill Hayes Residential Home

Inspection report

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26 July 2017

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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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection was unannounced and took place on 13 and 26 July 2017. Mill Hayes Residential Home is registered to provide accommodation and personal care support for up to 16 people. People who used the service had physical health needs and/or were living with dementia. At the time of our inspection, 10 people were using the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection took place on 16 June 2016, and at that time the service was rated as 'Requires Improvement' overall. At that visit, we found the provider was in breach of Regulations. We told them to make improvements to ensure they assessed the risk of, prevented, detected and controlled the spread of infections. We also told the provider to have an effective system in place to ensure the staffing levels reflected the support people needed. We told the provider to send us an action plan by 17 August 2016 stating how they would rectify these breaches in regulations. Even though they did not send us a formal action plan back, they did respond to the issues in the report in a letter.

At this inspection, we found that some improvements had been made, but further were needed. The environment had been updated in certain areas, however further were required. The provider did not always respond when they received feedback about improvements that were needed at the home. The provider is again rated as requires improvement with a breach of Regulations.

We saw that staffing levels had been considered, but the provider still determined the staffing levels on the number of people living in the home instead of on an assessment of people's needs.

Staff gained people's consent before they were supported. However, when people were unable to make decisions about their care, the provider had not formally assessed their capacity, and had not evidenced why certain decisions were in people's best interests. We have recommended that the provider researches current guidance on best practice, to assess the capacity in relation to specific decisions for people living at the home.

People were not consistently enabled to participate in their interests or hobbies. We have recommended the provider considers further action to ensure that people who use the service receive care that reflects their personal preferences. People were involved in the planning and reviewing of their support, but some care records did not always reflect people's needs consistently. We recommend the provider researches and considers nationally recognised guidance when designing and reviewing care, to ensure each person has a clear care plan.

Improvements had been made to monitor the quality of the service, but some of these systems were not effective. We have recommended the provider reviews the systems and processes in place to assess and monitor the quality of the service to ensure these are effective. Further work was needed to ensure the service was developed with the staff team. Staff felt supported, but did not have access to regular supervision sessions.

People were protected from harm by staff who understood how to recognise signs of abuse and how to report concerns. Risks to people were assessed, monitored and reviewed. Medicines were managed safely and the provider had safe recruitment processes in place. Staff received an induction and training to give them the knowledge and skills they needed to carry out their roles. People were supported to maintain a balanced diet and have access to health care services.

People's privacy was respected and their dignity promoted. They felt that the staff were caring in their approach. Staff encouraged people to be independent and make decisions about their day to day care. Visitors were welcomed and their visits were not restricted. The service listened to people's preferences about their care and people knew how to raise issues and concerns.

People spoke positively about the management in the home and staff enjoyed working there. The registered manager gained feedback from people about their experiences of the service.

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?

The service was not always safe.

Although the provider had made improvements to the environment, further improvements were required. The registered manager had considered the staffing levels required to keep people safe. However, the provider still did not have an effective way to confirm that the staffing levels reflected all the support that people required. People were protected from harm by staff who understood how to recognise signs of abuse and how to report concerns. Risks to people were assessed, monitored and reviewed. Medicines were managed safely and the provider had safe recruitment processes in place.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Staff gained people's consent before they were supported. However, when people were unable to make decisions about their care, the provider had not formally assessed their capacity, and had not evidenced why certain decisions were in people's best interests. Staff received an induction and training to give them the knowledge and skills they needed to carry out their roles. People were supported to maintain a balanced diet and have access to health care services.

Requires Improvement ●

Is the service caring?

The service was caring.

People's privacy was respected and their dignity promoted. People felt that the staff were caring in their approach. Staff encouraged people to be independent and make decisions about their day to day care. Visitors were welcomed and their visits were not restricted.

Good ●

Is the service responsive?

The service was not always responsive.

People were not consistently enabled to participate in their

Requires Improvement ●

interests or hobbies. People were involved in the planning and reviewing of their support, but some care records did not always reflect people's needs consistently. The service listened to people's preferences about their care and people knew how to raise issues and concerns.

Is the service well-led?

The service was not always well led.

The provider did not always respond when they received feedback about improvements that were needed at the home. Improvements had been made to monitor the quality of the service, but some of these systems were not effective. Further work was needed to ensure the service was developed with the staff team working there. Staff felt supported, but did not have access to regular supervision sessions. People spoke positively about the management in the home and staff enjoyed working there. The registered manager gained feedback from people about their experiences of the service.

Requires Improvement 

Mill Hayes Residential 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 13 and 26 July 2017 and was unannounced. The inspection team consisted of one 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 care service.

We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information we had received from the public. We used this information to formulate our inspection plan. We also had a provider information return (PIR) sent to us. A PIR is a form that asks the provider to give some key information about the service. This includes what the service does well and improvements they plan to make. As part of our planning, we reviewed the information in the PIR.

We spoke with five people who used the service, five relatives and two community professionals. We also spoke with four members of care staff, the cook, the deputy manager and the registered manager. Some people were unable to tell us their experience of their life in the home, so we observed how the staff interacted with people in communal areas.

We looked at the care plans of three people to see if they were accurate and up to date. We reviewed one staff file to see how staff were recruited and checked the training records to see how staff were trained and supported to deliver care appropriate to meet each person's needs. We also looked at records that related to the management of the service. This included the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

Is the service safe?

Our findings

At our previous inspection, the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We told the provider to make improvements to ensure they prevented, detected and controlled the spread of infections. At this inspection we found that some improvements had been made, however further improvements were required. We saw, and people told us that new chairs had been purchased in the two lounge areas. One relative said, "It's far better now; people have nice chairs to sit on. But there is still more that could be done; it's often the little things that can make a difference that seem to be forgotten." We saw that one person's mobility aid had not been cleaned; it was sticky to touch and appeared to have food and other stains on it. We saw there was residue between the wood and leather of some of the armchairs, and some of the small side tables that people ate from had chipped and peeling varnish on the edges. We saw that the provider had also made some improvements to the overall environment of the home and made it more pleasant for the people who lived there. However, there were still some areas outstanding, such as the bare plaster on one of the landings.

At our previous inspection, the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We told the provider to make improvements to ensure there were effective systems in place to determine the number of staff required to meet the needs of people using the service and keep them safe. At this inspection, we found that the registered manager had considered the staffing numbers required. The registered manager had increased the care staff available at weekends, and also had an additional third carer available for certain times during the week. The registered manager said, "I do complete observations around the home to see if people are getting help when they need it." The registered manager told us how the needs of people had increased over the years, but the number of care staff on duty for the main shifts had remained the same. The provider still did not have an effective way to confirm that the staffing levels reflected the support (physically, socially and emotionally) that people required. This meant we could not be sure that all their needs were taken into account when staffing levels were determined. However, people told us their requests for help were responded to. One person told us, "I've only got to ask for help and they help me." Another person said, "There is a red button in my room for if I need help. I have pressed it and the staff came straight away."

People felt safe living at Mill Hayes Residential Home. One person told us, "I know the staff look after me; I trust them." Another person said, "The staff are here if I need help." People were supported by staff who understood their responsibilities to ensure people's safety. Staff we spoke with were aware of the different situations that could be seen as abuse. One staff member said, "It's not just physical things like slapping or punching, but also verbal and mental harm. Abuse would also include neglect, like if someone was left sitting in in a wet [continence] pad." Staff were able to describe possible signs of abuse, from physical marks to changes in people's demeanour. Staff were knowledgeable about the actions they would take if they observed anything of concern. One staff member said, "I would report any concerns straight away to the manager. If this wasn't followed up I would go higher. But I'm confident that the manager would act on any issues I raised." In the PIR the registered manager had submitted, they had identified that staff would be issued with cards containing contact information for use in safeguarding cases. Staff confirmed this had happened and one staff member commented, "These are helpful as we have the phone numbers available

should we need them." People told us that the security arrangements at the home protected them. One person told us, "It feels safe here. There is a code to get in and out. If visitors come they ring the bell, and staff can see who it is at the door before letting them in."

We saw that risks to people had been assessed, monitored and reviewed. One person told us, "I walk with my frame and feel safe doing that." Another person explained how staff would support them to have a bath, and said, "The staff know what they are doing so you feel safe." When people needed to use equipment to move, we saw that staff did this safely. They offered reassurance to people and explained what they were doing. We observed staff following the guidance within people's care plans. One staff member told us, "The occupational therapist often comes in and if there are any changes will show us how to do things." Another staff member said, "We are not allowed to use the hoists unless we have been trained, and then the senior checks we are doing it right." Staff were aware of the levels of support people required, and ensured that people had their walking aids close by to their chairs. We saw that people's care records had been updated to reflect any changes in their needs.

Some people were at risk of choking when they ate, and we saw that staff followed the guidelines in their care plans. One relative told us, "My relation needs their food liquidized now as well as their drinks thickened. Staff make sure this happens." Some people were at risk of developing sore skin and we saw that different equipment was available to keep their skin healthy. Staff we spoke with were aware of the actions needed to minimise these risks.

We saw that arrangements were in place to respond to emergencies within the home, for example in the event of a fire. Staff were aware of the support people would need if an emergency happened.

People were supported to take their medicines safely. One person told us, "The staff look after my medicines for me; it's never been a problem." We observed staff giving people their medicines. The staff member waited with each person to ensure they had taken their medicines before moving on to the next person. We saw staff put gloves on before putting creams onto one person's arm. People were asked if they needed to take any as required medicines, for example if they needed any pain relief. One staff member told us, "There is also information in people's care plans that describes how we know if people are in pain if they can't tell us." We saw that medicines were stored securely so that only authorised people could have access to them. We saw that only staff who had been trained to administer medicines were able to do this.

We checked to see how staff were recruited. One member of staff told us, "All my checks had to be completed before I could start working. This included two references with one from my last employer, as well as my DBS check." The Disclosure and Barring Service (DBS) provides information to enable providers to make safer recruitment decisions. The staff records we looked at showed us that the necessary pre-employment checks had been carried out before staff commenced their employment. This demonstrated the provider had safe recruitment processes in place.

Is the service effective?

Our findings

At our previous inspection, we found that improvements were needed to ensure that people's care and support was in line with the requirements of the Mental Capacity Act 2005 (MCA). The MCA provides the 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 capacity to make particular decisions, any made on their behalf must be in their best interests and least restrictive as possible. At this inspection, we saw that people's capacity had been considered within their care plans. However, the provider had not assessed people's capacity in relation to specific decisions. For example, some people who used the service had monitoring equipment in place to alert staff if they needed support. The registered manager told us that one person would not have understood why this equipment was being used. There was no capacity assessment or best interest decision in place for this person as required.

We recommend that the provider researches current guidance on best practice, to assess the capacity in relation to specific decisions for people living at the home.

People we spoke with told us they had been involved in the important decisions about their care. One person said, "The staff always check with me before they help." One relative told us, "It was discussed with the family and we all agreed that [this particular decision] would be in our relations best interests." Staff were aware of the principles of the MCA, and one staff member told us, "You must work in the premise that people have capacity to make their own decisions. If they can't then we have to make sure that we do things in their best interests to keep them safe." We observed staff gain people's consent before they supported them. Staff knew how to engage with people to help them make choices about their care. One staff member commented, "If people can't verbally tell us what they want, we still know because of what they do. One person won't open their mouth properly to indicate they don't want any more to eat, and then we respect that and stop."

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 Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA, and whether any conditions in authorisations to deprive a person of their liberty were being met. We saw the provider had made applications to the local authority when needed, and when authorisations had been granted we had been informed.

People were supported by staff who had the knowledge and skills needed to carry out their roles. One person told us, "The staff know what to do." One relative said, "The staff do seem to be trained; they are confident when supporting my relation." Staff received an induction to prepare them for their roles when they started working. One staff member commented, "When I started I spent some time shadowing the other staff to give me time to get to know people, and them to get to know me. All the team were really supportive and helped me a lot." Staff received ongoing training that covered various aspects of care. One staff member told us, "The trainer comes in every six months, so if we have missed anything then we know

they will be back again. The training covers so many different areas; I really enjoyed the sessions on dementia, moving and handling, and end of life care. A lot to take in, but as a group we can talk about what we have learnt." On the first day of our inspection, the staff group were attending a training session in the conservatory area. The registered manager told us, "All the training is done by the independent trainer that the provider uses. They arrange regular sessions for all the mandatory training the staff need." We saw the registered manager kept a record of when staff required training to ensure that their learning was up to date.

People enjoyed the food and told us they were offered choices. One person said, "I can't complain about the food; I have put weight on since I have been here. Staff know what I like and don't like; if I don't like what's on the menu, they'll give me something else." Another person commented, "I really like the meals; all cooked fresh." One staff member told us, "We monitor the meals and if things don't go down too well we will change the options. The manager and deputy ask people what they would like, and then this is included in the menu choices." Staff we spoke with were aware of any specific diets people needed, for example if food needed to be pureed. We saw that the portion sizes were varied for people depending on their preferences. We saw that drinks and snacks were made available to people throughout the day. We saw that when people were at risk of losing weight, this was monitored. One relative told us, "My relation did loose quite a bit of weight when they were unwell; and now they are weighed every week so that the staff can keep a close on eye on things." We saw that this risk was managed and people were given supplements to add to their food.

People were supported to maintain their health. One person said, "I was quite poorly when I came here; I don't regret moving here, I'm so much better now." Another person told us how staff had accompanied them to a hospital appointment, as their family were unable to. One relative told us, "They are good at getting the doctor or the nurse to come in when needed." We saw that a variety of healthcare professionals visited people and referrals were made in a timely manner.

Is the service caring?

Our findings

At our previous inspection, we found that improvements were needed to ensure that people's dignity was upheld. At this inspection, we found that the required improvements had been made. We observed staff talking with people in a way that respected their privacy and upheld their dignity. All of the interactions we observed between people who used the service and staff were polite, friendly and respectful. Staff spoke with people in a discreet manner so that their conversation would not be overheard, and were patient with them. People were dressed in clothing that was clean and individual to them. We observed staff supporting people to gently clean their face and hands if this was needed. Staff were able to describe how they respected people's privacy when supporting them with their personal care needs. One staff member told us, "We will always make sure we close the curtains and doors, and will cover people as much as possible when they are undressed." We observed staff ensure that bathroom doors were closed; and when people were able to manage in the bathrooms themselves, staff would wait outside and ask if they could go back in.

People told us the staff were caring towards them. One person said, "The staff are kind and helpful; I never feel rushed." Another person told us, "They are lovely here, ever so good. They treat me like a person not a resident." One relative commented, "The staff know how to speak with my relation; they understand their ways." We saw that staff knew people well and understood how to communicate with them. We heard staff reassure people and observed them holding people's hands if they wanted this.

Staff encouraged people to be independent. We saw staff verbally prompt people when walking around the home, ensuring they were using their mobility aids correctly. Staff described how they would support people to do as much as they could for themselves when meeting their personal care needs. One staff member told us, "Even if it's just giving someone their flannel and getting them to wash their face, that's still important. We try to get people to do what they can."

People were encouraged to make day to day decisions about their care. One person told us, "I get up when I want to." Another person said, "I can go into my bedroom whenever I want to, and can chose to spend time in either of the lounges." Another person added, "I don't like a shower so I have a bath each week. I could have more if I wanted." One relative told us, "My relation can choose to go to bed at different times each day, the staff fit round them."

We saw and people confirmed that family members and friends could visit people when they chose. One person said, "My family come and visit every week; we sit in the conservatory. The staff are lovely with them and offer them a cup of tea." One relative told us, "I can visit whenever; it's never a problem." This demonstrated that people could maintain relationships that were important to them and that visitors were welcomed.

Is the service responsive?

Our findings

At our previous inspection, we found that improvements were needed to ensure that people were provided with leisure time choices to protect them from social isolation. At this inspection, we found that improvements were still needed in this area. One person told us, "There's nothing really to do here, just wait for people to visit." One relative said, "I think the main things now that would make things better for the people who live here is that they had more to do during the day." Another relative commented, "I just don't think there is enough going on for people." One staff member told us, "I think that more stimulation for people in the day would be good. I don't see enough going on each day."

Staff told us that when they had time, they would try to play games and do jigsaws with people. We were also told that on occasions there would be certain activities arranged such as watching films or singalongs. However, during our inspection visit, we saw that when people were sitting in the two lounge areas, there was little in the way of activities for people to do. For example, we saw that the televisions in both lounges were showing the same channel. This was not changed throughout the visit. One person told us, "I don't really like this programme, but I don't know how to change the channel." Another person said, "I'll watch the telly if it's on, but I prefer programmes about the countryside and things like that." One person commented that they liked to read, but they had no books or magazines nearby to them. Another person told us how they liked to knit, but they had no knitting materials to use. One person also told us, "We used to have things like bingo and quizzes, but not so much now." We saw that some birds had been brought for one person who used to have an aviary at home. Another person described how they would go out into the community to cafes or restaurants. However, the provider was not consistently responsive for all the people that lived there.

We recommend the provider considers further action to ensure that people who use the service receive care that reflects their personal preferences.

At our previous inspection, we found that people's care records were not always accurate and did not reflect their current needs. At this inspection, we found that some improvements had been made, but further were required. We saw that people's care plans had been reviewed. However, some people's care notes contained information that was not consistent. For example, one person's care plan stated that they used a frame to walk, but later on, this had been updated to reflect that they now required support from two staff and to use a hoist for all transfers. The old information had not been removed. Staff told us they felt that more information would be helpful in people's care plans. One member of staff said, "The care plans are helpful, and give what we need to know to support people. But I do think that more detail would make them better, help us understand more about each individual." In the PIR that the registered manager had submitted, one of the improvements they had identified was to complete work on people's care plans so they were more individual to people. The registered manager confirmed they had now completed training to do this.

We recommend the provider researches and considers nationally recognised guidance when designing and reviewing care, to ensure each person has a clear care plan.

People and those that were important to them had been involved in the planning and assessment of their care. One person told us, "I was asked lots of questions about what I liked and what was important to me. They listened to what I said." One relative said, "The manager asked a lot about my relations needs before they moved in here." People had been involved in the reviewing of their support needs. One relative said, "I know I could ask for an appointment to have a review meeting, but will just tell them if anything has changed or if there is anything we need to discuss."

At our previous inspection, we also found that improvements were required to ensure the service provided care to meet people's preferences. At this inspection, we found that improvements had been made. One person told us, "I ask, and then the staff get what I want; they do as much as possible." Another person said, "I love my room; it has been redecorated and I chose the colours. They asked if I wanted a TV, table and chairs in my room. It was my choice."

People knew how to raise any concerns or complaints they may have had about the service. One person told us, "If I had a concern, I'd go to the office and ask for a word. The manager always listens and talks to me." One relative said, "I'm more than comfortable to report anything to the manager or staff." Another relative told us, "I had to mention things to the manager and deputy and they asked me to do a formal complaint. Things are not as much of a problem as they were, and my relations notes include the information for staff to follow. The staff do seem more attentive now, but at the end of the day there was no excuse for the problem happening in the first place." We saw that the registered manager had placed a suggestions box in the reception area for people to use if needed.

Is the service well-led?

Our findings

At our previous inspection, we found that the provider needed to make improvements to ensure they responded to people's concerns about the home environment. At this inspection, we saw that the provider had made certain improvements, however further were required. One relative told us, "The work done so far has been good, but it's just some of the simple things that don't get done; like replacing the bulb in the fire, that's not been working for ages. A lot more could be done, but I think it all comes down to money." The registered manager told us how they had to rely on maintenance being carried out by people who were not local to the home. They said, "This can make it difficult for us as we have to wait, and it's not like we can just ring up a local trader to get jobs done quickly." We were also aware that the fire service had undertaken a recent inspection of Mill Hayes Residential Home. Following this, the provider was asked to complete certain actions. This involved arranging a survey inside the home and a safety inspection of the external escape staircase. The registered manager had sent the report from the fire service to the provider on 19 June 2017. They told us they had not received a response from the provider about this. The registered manager also told us that the external escape staircase had been identified as needing repairs in the spring of 2017; however, this work had not been completed. This demonstrated that the provider was still not always responding in a timely manner to issues that had been raised. As previously reported in the 'safe' section of the report, we also identified issues in relation to the premises and equipment not always being clean and properly maintained.

This was a breach in Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our previous inspection, we found that there were limited arrangements in place to monitor the quality of the service and to drive continuous improvements. At this inspection, we found that some improvements had been made but further were required to ensure the audits were effective. The registered manager showed us the annual development plan that was in place. They explained, "This identifies what needs doing regarding the environment and the actions that should happen." We saw that a weekly observation took place to identify any areas of work that needed doing. There were also monthly checks that happened to look at any health and safety issues. The registered manager completed audits to identify any trends if incidents or accidents had happened, and we saw that actions had been taken when needed. However, some of the audits were not effective. For example, the fridge temperature where medicines were stored was checked; but when the temperature was not within the guidelines set, no action had been taken.

We recommend the provider reviews the systems and processes in place to assess and monitor the quality of the service to ensure these are effective.

At this inspection, we found that improvements were required to ensure the service was developed with the staff. One staff member told us, "We've not had a staff meeting for some time now." The registered manager explained that the provider liked to attend these meetings, but that their visits to the home did not happen as regularly as before. We saw that the last meeting for staff had happened in December 2016, and focused on the findings of the previous inspection. The registered manager told us, "We have informal discussions

with the staff all the time and use handovers to share important information." We discussed with the registered manager how more regular staff meetings would be beneficial to the staff team, and how they could use these to gain ideas from the staff to identify improvements the home could make.

People spoke positively about the management at the home. One person told us, "I know I can see the manager whenever I need to." One relative said, "The manager here does a good job, you can't beat it." Another relative told us, "It's always easy to get to speak with someone when we need to." Staff told us they felt supported in the roles. One staff member said, "The manager is really approachable, and I know I can go to them about anything." Even though staff felt supported on a day to day basis, there was not an effective system in place to ensure that staff had regular supervision sessions. The registered manager told us, "We started off with good intentions and managed to do most peoples, but need to arrange the next ones again." Staff felt motivated in their roles and enjoyed working at the home. One staff member said, "I just love it here." Another staff member told us, "It's a really friendly place to work."

The registered manager sought feedback from people who used the service and their relatives. We saw that the responses to these questionnaires were positive and comments included, 'They make my relation feel at home,' and, 'They always try to do their best to do as much as they can for myself and other residents.' We saw that when people had identified things that could be done better, the registered manager had responded to this. We discussed with the registered manager how they could share the results of the survey with people who used the service and their relatives.

The registered manager understood their responsibilities as a registered person. They had usually informed us about significant events that had occurred. It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. It is also a requirement that the latest CQC report is published on the provider's website. 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 their rating at the home and shown the rating 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 15 HSCA RA Regulations 2014 Premises and equipment The provider did not ensure that the premises was properly maintained. Regulation 15(1)(e)