

Bupa Care Homes (GL) Limited

# Westmoor View Care Home

## Inspection report

Dixons Bank  
Marton  
Middlesbrough  
Cleveland  
TS7 8PA

Tel: 01642316737

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We inspected Westmoor View Care Home on 29 March 2016. The inspection was unannounced which meant that the staff and registered provider did not know we would be visiting.

Westmoor View Care Home is set within terraced grounds, located off Dixon's Bank in the residential area of Marton. The service provides care and accommodation to a maximum number of 36 people, some of whom are living with a dementia. The service also provides nursing care. Westmoor View Care Home is close to shops, pubs and public transport. At the time of the inspection there were 35 people using the service.

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

There were systems and processes in place to protect people from the risk of harm. Staff told us about different types of abuse and were aware of action they should take if abuse was suspected. Staff described how they ensured the welfare of vulnerable people was protected through the organisation's whistle blowing and safeguarding procedures.

Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety.

Risks to people's safety had been assessed by staff and records of these assessments had been reviewed. This enabled staff to have the guidance they needed to help people to remain safe.

We saw that staff had received supervision on a regular basis and an annual appraisal.

Staff had been trained and had the skills and knowledge to provide support to the people they cared for. We received mixed comments from people and relatives when we asked if they thought there was enough staff on duty. During the inspection call bells were answered in a timely way.

Staff understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards which meant they were working within the law to support people who may lack capacity to make their own decisions.

We found that safe recruitment and selection procedures were in place and appropriate checks had been completed before staff began work. This included obtaining references from previous employers to show staff employed were suitable to work with vulnerable people.

Appropriate systems were in place for the management of medicines so that people received their medicines safely.

There were positive interactions between people and staff. We saw that staff treated people with dignity and respect. Observation of the staff showed that they knew the people very well and could anticipate their needs. People told us that they were happy and felt very well cared for.

We saw that people were provided with a choice of healthy food and drinks which helped to ensure that their nutritional needs were met. Staff had undertaken nutritional screening to identify specific risks to people's nutrition.

People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health checks and were accompanied by staff to hospital appointments.

Assessments were undertaken to identify people's care, health and support needs. Care plans were developed with people who used the service and relatives to identify how they wanted to be supported.

People's independence was encouraged. People and relatives told us activities had improved in the last few months. Previously they felt that activities were limited but the introduction of a new activity co-ordinator had led to activities that were varied, interesting and stimulating. Activities for those people living with a dementia were limited.

The registered provider had a system in place for responding to people's concerns and complaints. People and relatives told us they knew how to complain and felt confident that staff would respond and take action to support them. People and relatives we spoke with did not raise any complaints or concerns about the service.

There were effective systems in place to monitor and improve the quality of the service provided. Staff told us that the home had an open, inclusive and positive culture.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Staff we spoke with could explain indicators of abuse and the action they would take to ensure people's safety was maintained. This meant there were systems in place to protect people from the risk of harm and abuse.

There were arrangements in place to ensure people received medicines in a safe way.

People and relatives told us there were enough staff during the day and night to meet the needs of people who used the service. Robust recruitment procedures were in place to help ensure suitable staff were recruited.

### Is the service effective?

Good ●

The service was effective.

Staff received training and development, supervision and support. This helped to ensure people were cared for by knowledgeable and competent staff.

People were supported to make choices in relation to their food and drink. Menus were varied and provided people with choice.

The registered manager and staff had a good understanding of the Mental Capacity Act 2005 and DoLS.

### Is the service caring?

Good ●

The service was caring

People were supported by caring staff who respected their privacy and dignity.

Staff were able to describe the likes, dislikes and preferences of people who used the service and care and support was individualised to meet people's needs.

### Is the service responsive?

Good ●

The service was responsive.

People who used the service and relatives were involved in decisions about care and support needs.

People had opportunities to take part in activities of their choice. People and relatives told us that activities had improved in the last few months. Activities were limited for those people living with a dementia.

People did not raise any concerns. The registered provider had a system in place in which complaints could be made.

### Is the service well-led?

Good ●

The service was well led

There were effective systems in place to monitor and improve the quality of the service provided. Staff told us that the service had an open, inclusive and positive culture.

Regular meetings took place with people relative and staff.

The service had a registered manager who understood the responsibilities of their role. Staff we spoke with told us the registered manager was approachable and they felt supported in their role.

# Westmoor View 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 checked 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.

We inspected Westmoor View Care Home 29 March 2016. The inspection was unannounced which meant that staff and the registered provider did not know we would be visiting. The inspection team consisted of one adult social care inspector and an expert by experience who had experience in care homes.

Before the inspection we reviewed all the information we held about the service. The registered provider completed a provider information return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

At the time of our inspection visit there were 35 people who used the service. We spent time with people in the communal areas and observed how staff interacted with people. We spoke with 15 people who used the service and 14 relatives. We looked at all communal areas of the home and some bedrooms.

During the visit we spoke with eight staff, including the registered manager, a senior nurse, the chef, a senior care assistant, two care assistants and two staff who were responsible for one to one activities and general activities.

We reviewed a range of records. This included three people's care records, including care planning documentation and medication records. We also looked at staff files, including staff recruitment and training records, records relating to the management of the home and a variety of policies and procedures developed and implemented by the registered provider.

# Is the service safe?

## Our findings

We asked people who used the service if they felt safe. People told us they felt safe. One person said, "I do feel safe with the staff about." Another person said, "They always check on you to make sure you are ok."

The registered provider had an open culture to help people to feel safe and supported and to share any concerns in relation to their protection and safety. We spoke with the registered manager and staff about safeguarding adults and action they would take if they witnessed or suspected abuse. Everyone we spoke with said they would have no hesitation in reporting safeguarding concerns.

Staff we spoke with during the inspection were aware of the different types of abuse and what would constitute poor practice. Staff told us they had completed training in safeguarding and were able to describe how they would recognise any signs of abuse or issues which would give them concerns. They were able to state what they would do and who they would report any concerns to. The service had safeguarding policies and procedures in place for recognising and dealing with abuse. Staff said that they would feel confident to whistle-blow (telling someone) if they saw something they were concerned about. Staff we spoke with were familiar with the registered provider's whistleblowing policy.

The three care plans we looked at incorporated a series of risk assessments. They included areas such as the risks around moving and handling, falls, skin integrity and nutrition and hydration. The risk assessments and care plans had been reviewed and updated regularly. Staff supported people to take responsible risks. Those people identified at risk of falls had been referred to the falls team for advice on prevention or reducing the risk.

We looked at the arrangements in place for managing accidents and incidents and preventing the risk of reoccurrence. A monthly analysis was undertaken on all accidents and incidents. These were analysed to identify any patterns or trends and measures were put in place to avoid re-occurrence.

The registered manager told us that the water temperature of baths, showers and hand wash basins were taken and recorded on a regular basis to make sure they were within safe limits. We saw records that showed water temperatures were taken regularly.

We saw certificates to confirm that portable appliance testing (PAT) was up to date. PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use. This showed that the registered provider had developed appropriate maintenance systems to protect people who used the service against the risks of unsafe or unsuitable premises and equipment.

Records confirmed that checks of the building and equipment were carried out to ensure health and safety. We saw documentation and certificates to show that relevant checks had been carried out on the fire alarm, hoists, fire extinguishers, emergency lighting and gas safety.

We also saw that personal emergency evacuation plans (PEEPs) were in place for each of the people who

used the service. PEEPs provide staff with information about how they can ensure an individual's safe evacuation from the premises in the event of an emergency. Records showed that regular checks were made on the fire alarm to make sure it was in working order and that staff had taken part in fire drills.

We looked at the files of three staff who had recently been recruited. We found that the registered provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS) which was carried out before staff started work at the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also minimises the risk of unsuitable people working with children and vulnerable adults.

At the time of the inspection there were 35 people using the service, of which 26 people required nursing care and nine required personal care. We looked at the arrangements in place to ensure safe staffing levels. During the day from 7:30am until 11am there were two nurses and five to six care staff on duty. At 11am an extra care staff member came on duty to help with those people who need feeding at meal time and to provide support to those people who were allocated one to one time. From 5pm until 8:30pm there were two nurses and four care staff and overnight there was one nurse and three care staff. We asked people who used the service and relatives if there were sufficient staff on duty to meet people's needs, we received mixed comments. One person said, "There always seems to be enough staff on and they are always cheery and polite." Another person said, "I think there's plenty of them (staff)." Another person said, "Sometimes I have to wait but not often. I think they could do with a few more." A relative we spoke with said, "There is so many residents needing care, there just isn't enough of them (staff)."

A number of people who used the service were nursed in bed and we saw that they had their call bell to hand should they need to summon the assistance from staff. Call bells were answered promptly during the inspection, however we did note the allocation of staff at meal time meant that only one person was assisting people in the dining room. This meant that some people had to wait for help until the staff member was free. We spoke to the registered manager about this who told us they would review staffing levels.

The registered manager of the service worked five days a week and was supernumerary.

We saw that appropriate arrangements were in place for the management, storage, recording and administration of medicines.

At the time of our inspection people who used the service were unable to look after or administer their own medicines. Staff had taken responsibility for the storage and administration of medicines on people's behalf. We saw that people's care plans contained information about the help they needed with their medicines and the details of the medicines they were prescribed. We checked people's Medication Administration Records (MARs). We found these were fully completed, contained the required entries and were signed.

We saw staff recorded when people refused or did not take their medicines for any reason. We saw records to confirm that the registered manager audited medicine records and checked the medicines each month. We checked records of medicines against the stocks held and found these balanced. The senior nurse was able to describe the arrangements in place for the ordering and disposal of medicines. We were told that medicines were delivered to the home by the pharmacy each month and were checked in by nursing staff to make sure they were correct. Records of ordering and disposal of medicines were kept in an appropriate



manner with copies of prescriptions kept for each person's medicines. The senior nurse told us they checked these against the medication received from the pharmacist. They said the medicine administration records were checked each month to ensure they corresponded with the information from the previous month's records and with the medicines prescribed. These systems helped to ensure people received their medicines safely.

People were prescribed medicines on an 'as required' basis and we found 'as required' guidelines had been written for these medicines.

The service had a business contingency plan for the service. A contingency plan is a course of action designed to help an organisation to respond effectively to a significant event or situation.

# Is the service effective?

## Our findings

We spoke with people who used the service who told us that staff provided a good quality of care. One person said, "Oh it's very good here, they look after me really well." Another person said, "I am more than happy. I am well cared for." A relative we spoke with said, "It's marvellous, we couldn't ask for better, [person who used the service] has not long come in and is quite poorly, but they have told us everything and we have no worries." Another relative said, "No worries, everything seems ok, we usually have to remind them to cut [person who used the service] fingernails but other than that, no concerns at all, they let us know everything, we are happy with it."

We asked staff to tell us about the training and development opportunities they had completed at the service. Staff told us that there was a plentiful supply of training. They told us they had received training in moving and handling, mental capacity, fire safety, infection control, deprivation of liberty safeguards and health and safety amongst others. Staff told us the quality of their training was good. One staff member said, "The training is very good. We always seem to be doing something." Records looked at during the inspection confirmed that staff were up to date with their training.

Staff told us they felt well supported and that they had received supervision. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. We saw records to confirm that supervision had taken place. One staff member said, "We get supervision about every eight weeks. I find it useful and you are listened to."

We asked the registered manager if staff received an annual appraisal. An annual appraisal is a review of performance and progress within a 12 month period. This process also identifies any strengths or weaknesses or areas for growth. The registered manager told us they had completed appraisals with staff, we saw records to confirm this.

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).

The registered manager told us that staff had attended training within the last 12 months on the MCA. We saw records to confirm this. Staff we spoke with understood their obligations with respect to people's choices and consent. Staff told us that people and their families were involved in discussions about their care.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager showed us documentation which detailed four people who used the service were subject to Deprivation of Liberty Safeguards (DoLS), three of which had no conditions attached to the authorisations. One person had a condition attached to their authorisation which stated they must have one to one time provided by staff for activities and stimulation. The registered manager told us they employed a person solely to provide one to one time with people who used the service. During the inspection we spoke with the staff member who provided one to one time with people. They confirmed they spent time with the person as identified as a condition of the DoLS. A further six applications to deprive people of their liberty had been sent to the local authority for which the registered manager was awaiting authorisation.

We saw that people had decision specific mental capacity assessments for areas such as care, health, finances and the administration of medicines. Relatives, staff and professionals had been involved in making best interest decision for people and these had been recorded in the plan of care.

We looked at the menu plan. The menus provided a varied selection of meals. People told us there were two choices available at each meal time. The chef told us menus were seasonal and they were just about to change over to the spring menus. Menus were on display in the main dining room, and were accessible to people who used wheelchairs. There was also a Nite Bite menu which detailed the snacks people could have between 6:30pm and 6:30am. The chef and staff were able to tell us about particular individuals and how they catered for them and how they fortified food for people who needed extra nourishment. Fortified food is when meals and snacks are made more nourishing and have more calories by adding ingredients such as butter, double cream, cheese and sugar. This meant that people were supported to maintain their nutrition.

Firstly meals were served on trays to those people who were in their rooms and where people needed assistance this was provided. Food was then served to people eating in the dining room. Food was well presented and where needed appropriate adaptive cutlery and plate guards were used.

People told us they liked the food provided. One person said, "The food is good, we get a choice, the cook comes round in the morning and asks what you want." Another person said, "The food is good, I enjoy my food. There are plenty of drinks and if you want something you only have to ask and they fetch it."

We saw that people were offered a plentiful supply of hot and cold drinks and snacks throughout the day. People told us they were provided with snacks. One person said, "There's always food on the go, I don't think we could ever go hungry."

People who used the service had undergone nutritional screening to identify if they were malnourished, at risk of malnutrition or obesity. We saw records to confirm that this. People were weighed at regular intervals and appropriate action taken to support people who had been assessed as being at risk of malnutrition. Care records showed the service was referring people to a dietician or speech and language therapist (SALT) if they required support with swallowing or dietary difficulties.

We saw records to confirm that people had visited or had received visits from the dentist, optician, chiropodist, dietician, and their doctor. The registered manager said that they had good links with the doctors and community nursing service. People were supported and encouraged to have regular health checks and were accompanied by staff to hospital appointments. People told us staff contacted the doctor if they were unwell. One person said, "I see the nurse, I see the Doctor, he comes in once a week."

## Is the service caring?

### Our findings

People told us they were very happy and that the staff were caring. One person said, "They (staff) are very kind and attentive." Another person said, "They (staff) look after me lovely." Relatives told us they felt staff treated people with kindness, care and respect. Many commented on the nice atmosphere in the home and told us that visiting was a pleasure. A relative said, "The nursing care is great." Another relative said, "I visit every day and I am always made to feel welcome. I enjoy spending time here." Another relative said, "[Person who used the service] is very well cared for and they take care of me as well."

We saw that staff interacted well with people and were respectful. Staff were patient when speaking with people and took time to make sure that people understood what was being said. One person who used the service was unable to communicate verbally and staff spent time communicating with the person by writing things down. Whilst communicating with the person staff were unhurried in their approach and got down to the person's level so they could maintain eye contact. We saw that staff were affectionate with people and provided them with the support they needed. We saw that staff explained what they were doing and were encouraging and chatty. Staff made sure that people were safe and comfortable.

There was a calm and welcoming atmosphere and people looked relaxed and comfortable. The staff we talked with understood people's diverse needs and the support they required. They addressed people appropriately and were respectful when engaging with them. Staff were sensitive in their approach and attitude. For example, one person had marks on their jumper following lunch and a staff member discreetly encouraged the person to go to their room and change the jumper.

Staff treated people with dignity and respect. Staff were attentive to people who used the service. Staff told us how they respected people's privacy. They told us how they always knocked on people's doors before entering and made sure they were covered with towels when they were providing personal care. They told us how they respected people as individuals and the decisions they made.

One relative told us staff were very caring. They told us how staff had set up a Valentine's lunch so they could spend time with a person who used the service. Staff had helped the person make an invitation. They told us the table was beautifully set and that they had enjoyed the meal but most of all spending quality time with the person who used the service, they said, "The staff helped [person who used the service] make a Valentine's day invitation and set up a fish and chip lunch and some Shloer and we had a lovely lunch together."

There were occasions during the day where staff and people who used the service engaged in conversation, general banter and laughed. We observed staff speak with people in a friendly and courteous manner. Staff were discreet when speaking to people about their personal care. This demonstrated that people were treated with dignity and respect. One person said, "They are always pulling my leg."

We saw that people had free movement around the service and could choose where to sit and spend their recreational time. The service was spacious and allowed people to spend time on their own if they wanted

to. We saw that people were able to go to their rooms at any time during the day to spend time on their own. This helped to ensure that people received care and support in the way that they wanted to.

Staff encouraged people to be independent and make choices such as what they wanted to wear, eat, drink and how people wanted to spend their day. We saw that people made such choices during the inspection day. Staff told us how they encouraged independence on a daily basis. Staff were patient when supporting people to be independent with their mobility.

At lunchtime we saw how a staff member promoted independence with eating for one person who used the service. They supported the person to put the sandwich to their mouth but didn't take over. After a couple of attempts the person was able to do this for themselves. The staff member returned to the person numerous times throughout lunch to give them the support they needed.

At the time of the inspection people did not need the service had an advocate. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights.

## Is the service responsive?

### Our findings

The service employed an activities co-ordinator to plan activities and outings for people who used the service. There was also an additional staff member employed to provide activities and stimulation to those people who had been assessed as needing one to one support.

People told us activities had improved in the last few months. They told us previously they felt activities were limited but the introduction of a new activity co-ordinator had meant that activities were now varied, interesting and stimulating. One person said, "We do so much more and that's great." A relative we spoke with said, "My one concern previously was activities, but since the new activity person has come they have vastly improved. They have made Easter bonnets and doing much more arts and crafts." One person who used the service told us they had really enjoyed making the bonnets, they said, "I liked doing the bonnets and I won first prize."

On the day of the inspection staff helped and supported two people to play dominoes. Other people did a variety of arts and crafts. One person who used the service enjoyed colouring in an age appropriate colouring book and when their relative arrived they joined in with this activity. They told us how they found colouring relaxing.

Representatives from the local Church of England church visited once a month for a church service and many people liked to join in the service and the hairdresser visited on weekly basis.

We were told how entertainers come into the home and provided a wide variety of activities and entertainment. People told us they enjoyed it when singers came into the home. People had animal handling experiences. A specialist company had come into the home and people had enjoyed the experience of holding snakes, mice, rats and spiders.

Although staff spoke with people and one to one time was allocated there were limited activities or stimulation for those people living with a dementia. Discussion took place with the registered manager about researching suitable and meaningful activities for people living with a dementia from the University of Stirling and other well know organisations. The registered manager told us they would do this as a matter of importance.

The service had other links with the local community. Several different schools in the local area visited the service at Christmas to sing to people who used the service.

We saw people's needs had been individually assessed and plans of care drawn up. The care plans we looked at included people's personal preferences, likes and dislikes. For example, the care plan for one person for washing and dressing clearly described the help they needed and also detailed how they wanted to be dressed. This care plan clearly described the person's personal and religious beliefs. This helped to ensure that care was delivered in a way that was acceptable to the person. People and relatives told us they were involved in care planning. We saw evidence to confirm this as one family had taken time to describe

non-verbal communication the person may display and what this meant. This plan contained detailed information on the non-verbal communication the person may display if they were unwell. A relative we spoke with said, "I was involved in all the care plans originally and they ring me if there is anything."

During the inspection we spoke with staff who were extremely knowledgeable about the care people received. People who used the service told us how staff supported people to plan all aspects of their life. Staff were responsive to the needs of people who used the service.

We were shown a copy of the complaints procedure. The procedure gave people timescales for action and who in the organisation to contact. People and relatives told us that if they were unhappy they would not hesitate in speaking with the registered manager or staff. They told us they were listened to and that they felt confident in raising any concerns with the staff. A relative we spoke with said, "We had some issues when [person] first came in but [person] went and saw the manager and everything got sorted out and [person] is happy now." Another relative said, "We (people and relatives) have a meeting with the manager regularly and I feel I could ask if I was worried about anything."

Discussion with the registered manager confirmed that any concerns or complaints were taken seriously. We looked at records which indicated that complaints had been dealt with promptly and appropriately. We saw that the service kept a record of compliments.

## Is the service well-led?

### Our findings

People who used the service and relatives spoke highly of the registered manager. They told us that they thought the home was well led. One person said, "The manager is very approachable, she's not like a manager at all." A relative we spoke with said, "The manager in particular is wonderful, she's sorted everything out for us."

Staff told us that they felt valued and supported by the registered manager. One staff member said, "This is a really lovely place to work and the manager is very good and supportive." Another staff member said, "I really like my job. We all get on well and work as a team."

The registered manager told us about their values which were communicated to staff. The registered manager told us of the importance of honesty, being open and transparent and treating people who used the service and staff as individuals. They told us that they had an open door policy in which people who used the service and staff could approach them at any time.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help registered providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. A range of audits were completed which looked at quality in areas of the service such as infection control, housekeeping, medicines, care records, the environment and health and safety.

We saw records to confirm that staff meetings had taken place on a regular basis. Staff told us that the meetings provided staff with an opportunity to share their views. We saw discussion had taken place about values, health and safety and the Gold Standards Framework.

A clinical review meeting took place on a weekly basis. At this meeting discussion took place about people who may have lost weight, nutrition, a review of accidents or falls and pressure ulcers. This meeting helped to ensure effective communication between staff and that people received the care and support needed.

The service has achieved accreditation with the Gold Standards Framework. The Gold Standards Framework provides health professionals with the training they need to provide good co-ordinated care for people who may be in the last years of life.

The registered manager attended monthly meetings with other registered managers from other homes operated by the registered provider in which knowledge, views and important information was shared.

Records confirmed that regular meetings took place with people and relatives. We saw that records of meetings were displayed on a notice board within the home for everyone to read. We saw that any areas people or relatives identified as needing improvement were acted upon. We saw a recent acknowledgement and thank you from a relative. This highlighted that the person raised some concerns at a meeting and thanked the registered manager and staff for acting on the concerns and making



improvements to the tea time meal service.

Records showed that the area manager visited the service regularly to talk to staff and people who used the service and check on the quality of service provided. We saw that this check was based on CQC's standards of checking if the service was safe, effective, caring, responsive and well led.