Vorg Limited

Southwoods Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 23 February 2017and was unannounced.

At the last inspection on 17 October 2016, we asked the provider to take action to make improvements to administering people's medicines and this action had been completed.

Southwoods provides accommodation for up to 38 people who require nursing care and personal care. It is situated close to the centre of Northallerton. At the time of our inspection there were 33 people using the service.

The service had 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.

Checks were carried out in the home to make sure people lived in a safe environment. The service had a map in place of the home and the bedrooms were colour coded to guide rescue personal to the type of support people needed to evacuate the building. Risk to people had been identified and actions had been taken to reduce any risks to people and staff alike.

Before staff worked in the home they had also been checked to seek if they were suitable. We found the service had carried out appropriate checks and where concerns were identified in a reference these had been addressed by the registered manager.

People were given their medicines in a safe manner based on good practice guidance and a robust policy devised by the service with support from other clinicians in the area.

The food provided to people appeared appetising. Permission was sought from people to switch off the TV so that they could eat their meal uninterrupted.

Family members were listened to and were able to advocate on behalf of people using the service. We saw people's care planning had been influenced and adapted by family members who knew them well.

We found there were enough staff on duty to meet people's needs during our inspection. We reviewed the staff rotas and found there was a consistent level of staffing provided.

Accidents and incidents in the home were reviewed by the registered manager to understand if anything could be done to prevent any re-occurrences. This meant people were kept safe.

The staff had addressed people's end of life wishes. We saw people had plans in place which reflected their needs and wishes.

Staff in the service were caring. They knew about people's likes and dislikes and understood the best way to manage behaviours which challenged the service. We saw they ensured people's privacy and dignity were respected. Staff spoke to people using appropriate tone of voice; we saw they kneeled down to have face to face communication with people and people responded warmly to staff.

Staff told us they felt supported by the manager. We found they also received supported through regular supervision, training and appraisal.

The service had in place a complaints procedure which had been followed by the registered manager and outcomes of the complaint had been provided to the complainant.

People's care plans were detailed and person centred. They included people's emotional and physical needs and their end of life wishes.

The home had in place partnership working arrangements with other professionals to ensure people's needs were addressed. The staff had made referrals to different services and the advice given had been incorporated into people's care planning.

Surveys about the home had been carried out by the registered manager; the results of the surveys were available to all in an easy to read format. We saw people had been complimentary about the home.

We found records in the home were accurate, reflected people's needs and were up to date.

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.

We found the service had improved. The service used best practice guidelines to inform their administration of medicines. Their medicines policy was up to date and followed by staff.

There were enough staff on duty to meet people's needs.

Checks were carried out on the building to ensure it was a safe place for people to live.

Is the service effective?

Good

The service was effective.

People were served their food in a staggered manner so that it remained hot to the table.

The service had utilised a range of other professionals including GP's district nurses, occupational therapists, and opticians to meet people's needs.

Staff were supported through training, supervision and appraisal to carry out their duties.

Is the service caring?

Good

The service was caring.

We found people's dignity and privacy were respected by staff.

Staff knew and understood people's likes and dislikes. They were able to manage people's behaviour traits without resorting to medicines to control people.

The home had supported people with their relatives to look at their end of life wishes.

Is the service responsive?

Good

The service was responsive.

People had care plans in place which reflected their needs and gave guidance to staff on how to care for people using the service.

Activities were provided for people to meet their needs and were adapted to suit their individual requirements.

Complaints were addressed by the registered manager and responses were provided to the complainants. Staff also had access to the complaints process.

Is the service well-led?

Good

The service was well led.

The registered manager had systems and processes in place to monitor the quality of service and made improvements since the last inspection.

Surveys had been carried out to seek views about the home. These had been aggregated and showed people were largely positive about the service.

Records were accurate and up to date.

Southwoods Nursing 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 took place on 23 February 2017 and was unannounced.

The inspection team consisted of two adult social care inspectors and one specialist advisor. The specialist advisor had a background in nursing care.

Before we visited the home we checked the information we held about this location and the service provider, for example we looked at the inspection history, safeguarding notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. We also contacted professionals involved in caring for people who used the service; including local authority commissioners. We reviewed the local Healthwatch report about the home. Healthwatch is the local consumer champion for health and social care services. They gave consumers a voice by collecting their views, concerns and compliments through their engagement work.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with four people who used the service and carried out observations of people who were unable to speak for themselves. We spoke with two relatives. We also looked at four people's personal care pans and reviewed other records such as medicines and food and fluid charts. We reviewed four staff records.

Good

Is the service safe?

Our findings

We checked to see if people were given their medicines in a safe manner. At our last inspection we were concerned that the medicines practice was out of date and did not adhere to current best practice. During this inspection we found Southwood had in place a robust up to date policy file that incorporates local and national guidance regarding medicines in care homes this included NICE guidance, Misuse of Drugs Act 1971, NMC guidance, Health & Social Care Act 2008.This meant the service had reviewed their policy and brought it up to date.

We observed a medicine round during the lunchtime period and drug and found medicines were given in line with prescribed guidance. People had individual preferences as to how they took their medicines, these were attached to their Medicine Administration Records (MAR) charts which also included allergies. Medicines were observed to be dispensed and taken by each person prior to the registered nurse signing the medicines dispensed and administered recording chart. We saw the dispensing and administering of a controlled drug was in keeping with the home's policy. Controlled drugs are drugs which are liable to misuse and as such have stricter guidelines for storage, administration and disposal.

Our observations of medicines storage showed the home was storing them in keeping with national guidance. We also found appropriate locked storage for controlled drugs and medicines which required storage in a fridge. A comprehensive audit was in place to monitor people's medicines.

Covert medication is the administration of any medical treatment in disguised form. We found where people needed to be given their medicines covertly there was clear guidance for staff supported by GP's. There was evidence on the document of contact with the GP and the pharmacy regarding medications that had to be crushed or diluted.

Topical medicines (creams to be applied to the skin) were prescribed and documented in people's MAR charts. Each person had a "Room" file which identified their topical medicines and provided records for people's topical medicines

Some people were prescribed pain relief patches. We found body maps which were associated with each MAR chart where a person required a patch. The body map indicated the areas where pain relief patches should be sited and rotated. There was evidence of audits directly behind the body map as to where the patch was sited, rotated to and date, time and signature of the qualified nurse administering the patch was evident.

All this meant people were administered their medicines in a safe manner.

We checked to see if staff working in the home had been assessed as suitable for the role. Staff files contained comprehensive information including an application form, interview records, references, correspondence, induction, health declaration, contract, certificates, sickness and supervision meetings. The Disclosure and Barring Service (DBS) carry out a criminal record and barring check on individuals who

intend to work with children and vulnerable adults. This helped employers make safer recruiting decisions and also prevented unsuitable people from working with children and vulnerable adults. We saw the registered manager used the DBS checks and gathered information about prospective staff using the application form, references and interviews. The registered manager had acted on information they had received in a reference and addressed concerns given in a reference with a prospective employee. They told the prospective staff member about their expectations about time keeping and attendance at work. This showed the provider explored any areas of concern to ensure their process was rigorous.

We found checks were carried out in the building to ensure that people who used the service lived in a safe environment. For example we found there was a fire risk assessment in place and alarm checks were carried out together with fire-fighting equipment and fire doors. We found the registered manager had a colour coded map of the home to demonstrate the differed types of support people needed to evacuate the home in an emergency. Hot water temperature checks were regularly carried out for bedrooms and bathrooms and were within the 44 degrees maximum recommended in the Health and Safety Executive (HSE) guidance Health and Safety in Care Homes (2014).

In addition to risk assessments about the building we found where people had individual risks identified, actions had been put in place to mitigate these risks. For example where people were identified as being at risks of falls guidance was given to staff on how to prevent each person from falling.

Our observations in the home demonstrated there were enough staff on duty. We looked at the staff rotas and found there was a consistent level of staff on duty on each shift. We listened to call bells and found people were attended to in a prompt manner.

We found accidents and incidents were reported by staff and recorded. The registered manager reviewed each accident or incident and then undertook a monthly review of the reports to identify any trends which included time and location of accident as well as the person involved, and if actions needed to be taken to improve people's safety. We found accidents were taken seriously in the home and people's well-being was important to staff.

Staff told us they felt confident in reporting to the registered manager any safeguarding concerns and they had received training in how to safeguard people. We found actions had been taken by the registered manager to report concerns to the local authority. This meant the service adhered to the principles of safeguarding adults.

The registered manager told us there were no current whistle-blowing concerns or on-going staff disciplinary procedures. We saw the registered provider had these processes in place to protect people who used the service.

Good

Is the service effective?

Our findings

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the 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. We found people had been assessed by staff in the home as needing to be deprived of their liberty to keep them safe. Applications had been made to the local authority. Staff understood the meaning of the applications and had been trained in the use of DoLS.

Throughout people's care files we saw where there was a decision to be made each person's capacity had been assessed. Where a person lacked capacity to make a decision for them themselves we saw best interest's decisions had been made involving family members, other professionals and staff in the home. These ensured appropriate decisions had been made for each person.

Staff told us they were supported by their registered manager with identified training needs and requirements. We looked at staff training and found staff new to the home underwent an induction process. This was signed off by the registered manager. Staff, without a background in care services were required to complete the Care Certificate. This is a nationally recognised qualification in which there are standards of care for staff to meet. During our inspection we saw staff had come into the home to meet their NVQ assessor as they progressed through vocational qualifications.

The registered manager showed us their staff training matrix. We found staff undertook training in topics relevant to the people who lived in the home. For example staff did training in moving and handling, mental capacity, fire safety, dignity and safeguarding. Nursing staff received updates and training from the Friaridge hospital. This meant staff were supported to carry out their duties with appropriate training. Certificates of completion of training were evident in staff personal files.

All registered nurses at Southwood had signed to state they had read and familiarised themselves with the policies and procedures set down in the "Medicines policy file" Registered nursing staff personal files included medication competencies checklist and comments arisen from observation during medication administration. This meant staff were required to be competent in their role by the service.

We found staff were further supported through regular supervision meetings. A supervision meeting takes place between an employee and their manager to discuss their progress, any concerns and their training needs. In staff files we saw staff were given constructive feedback about their performance and appraisals

were in place to review annual staff performance.

There was evidence of tissue viability specialist advisors and district nurses who supported Southwoods in relation to care and treatment of people using the service. We saw the service had accessed the advice from the Speech and Language Therapy Team. We saw the service had photographed a person to demonstrate to other professionals their concerns about the person's posture and seek appropriate additional support for them. This meant the service used the skills and knowledge of other professionals to support people in their care.

We observed lunchtime in the dining area and found people had a positive dining experience and enjoyed their meals. People had choice and their independence encouraged. We saw people using adapted plates with sides on that helped them to eat independently. One person said, "I enjoy the food here very much, I had fried egg and beans this morning." One relative told us their family member thought the food was, "Wonderful." We found the food was well prepared and people were given their meals in a staggered manner. This meant people who needed support to eat received their meal hot from the locker. Staff were fully aware of everyone's dietary needs and showed us the prompt sheet they used to ensure people received the correct nutritional requirements. We sampled the food during the inspection and found it to be tasty. We observed staff seek people's permission to switch off the TV during the lunchtime period. This meant people were not distracted from eating and could focus on sharing a communal dining experience.

We looked at people's hydration needs and saw everyone had a covered jug and glass on their table or close to hand filled with a choice of juices or water. Staff told us, "They are calibrated so we know exactly when we pour it into the glass how much fluid someone has had." This ensured staff were able to monitor people's hydration needs.

Whilst there are some none United Kingdom born staff employed by Southwood there was no evidence of any communication barriers. Communication in the home was good; we found the service had in place handover information so that relevant pieces of information about people's care needs could be passed from one shift to another. Communication books were in place so staff could remind each other of tasks to be carried out. The home kept diaries to remind them of people's appointments. Where information was needed to assist staff to meet people's needs we found communication systems had been put in place. For example where staff had people's menu choices for the day written down the information was accompanied with guidance such as the person requiring a large or small plate for their food.

The layout of the home meant that corridors were narrow and the storage facilities were limited. We saw the registered manager had utilised cupboard space where possible. Signage guided people to bathrooms and toilets. A new walk-in shower had been provided which meant people had easier access to shower facilities.

Good

Is the service caring?

Our findings

One person said, "I get on really well with the staff." Another person told us, "People (staff) here are very friendly."

We arrived at the home at breakfast time and found people were up and dressed in clean clothes and sitting having their breakfast. The dining areas was calm and staff were observed to be giving people individual time and support by kneeling down in front of people and talking to them face to face. The service had a homely atmosphere.

Staff described their enjoyment in working in the home and spoke fondly of the people who lived there. We saw people had established good relationships with their support staff. Staff were able to tell us in detail about people's needs, likes and dislikes. Whilst as required medicine controls were prescribed for some people we found they were rarely used. We saw staff had in place alternative methods of managing people's behaviours which challenged the service. This meant staff responded well to people and accepted people's diverse characteristics in the home.

We saw staff approached people with kindness, anticipated their needs and offered their help. People's care plans promoted their independence and guided staff on how to ensure people retained as much independence as possible.

People were treated with respect. We found their privacy and dignity were upheld by staff as their personal care took place behind closed doors.

Information about the home was provided to people in the reception area. This included information about the service.

We found people's rooms had been personalised with their own possessions. This meant people were surrounded by familiar things. Adaptations had been made to the home to allow people to continue to enjoy for example watching the birds. For example the home had fitted bird feeders outside of a person's window to allow them to continue to watch the birds.

Pets were provided in the home. We saw the home had two iguanas and the registered manager showed us photographs of people observing them on the carpet. The registered manager on the day of the inspection brought their dog into the home for a short period; people engaged with the dog. We saw in the PIR the registered manager had stated they were considering another pet in the home to support people's well-being and had brought their dog into the home to see if people liked having it around.

We found people and their family members were involved in their care planning. Visitors to the home confirmed they had been asked questions and been encouraged to be involved in giving staff useful information on to care for family members. This meant people were not cared for in isolation but the care provided by the home included advice and guidance provided by relatives who knew them well.

We saw in each person's file there was a checklist which highlighted if people who lived in the home needed an advocate or a more specialist advocate such as an Independent Mental Capacity Advocate. We found where people had relatives who wanted to advocate on behalf of their family members then the service listened to the relatives and made changes to their plans.

One person told us, "If you say something it's not repeated by the staff." We found people's right to confidentiality was respected and their personal information was kept behind locked doors and in locked cabinets. Throughout the inspection staff supported the inspection to maintain confidentiality by us to return files and information back to the suitable storage.

We spoke to people who had preferred to spend their day in bed and noted they were wearing day clothes. The registered manager told us about people in bed having the option to change into day clothes irrespective of whether they wanted to stay in bed. This meant people were given the option to adhere to a normal day which supported their well-being.

Although there was no one in the home on end of life care during our inspection we saw staff had approached people to discuss their end of life care preferences. Care plans demonstrated advanced wishes in place for example if anticipatory medicines were to be used and where people wanted to donate their organs. People's funeral arrangements were also documented. One of the care records we looked at stated the person had a "Do Not Attempt Cardio Pulmonary Resuscitation" (DNACPR) in place which means if a person's heart or breathing stops as expected due to their medical condition, no attempt should be made to perform cardiopulmonary resuscitation (CPR). This showed us people's end of life wishes had been addressed by the home.

Good

Is the service responsive?

Our findings

We spoke with people about the care they received in the home. People were complimentary about the way they were cared for. One person said, "If you have got anybody who needs looking after send them here." Another person said, "They try their best to look after you here."

We saw the registered manager visited people in their own homes, in hospital or in other care homes and carried out an assessment of their needs to see if Southwoods was a suitable place for them to live. Staff confirmed to us they had information about people before they came into the home so they were able to provide their care as they got to know people and their personal preferences.

Each person had an individual care file which documented their personal needs. The care plans included arrangements for people's nutrition and hydration, moving and handling, their medicines and their activities. Where a risk was identified in a care plan a risk assessment had been drawn up by staff with actions in place to deliver each person's care. We found people's care planning was person centred as each plan was focused on the individual person and the plans included people's physical and emotional care. There was clear guidance to staff on how to manage people conditions such as diabetes, or what to look out for if a person was at risk of having regular chest infections. This meant staff were then able to describe to us people's individual needs and how to meet them.

Each person had a "room file" which was kept in their bedroom. The file contained food / fluid balance charts, nutritional supplements, food thickeners (as advised by SALT or dietician services) weight charts, special requirements and people's preferences. These were kept up to date by staff. The registered manager showed us a memo she had sent to the care staff which required them to start writing in people's daily records rather than nurses carrying out this task. They told us they expected this would take some time for carers to feel able to do this but they felt confident it would happen.

The service had in place an assessment called a "face pain chart" this is an indicator whereby someone may be in pain and medicines are required for pain relief. This gave guidance to staff on how to respond to people if they began to express pain. Staff were able to identify if people needed pain relief and respond to their needs.

We saw in people's care plans alternatives had been sought to support people. One person declined to take their medicines in front of staff. Staff waited outside whilst they took their medicines and then re-entered the person's room to ensure they had taken them. In one person's file advice was given to staff that if a person refused their medicines to see if they would accept them from another staff member. This showed us the staff team had in place arrangements to respond to and meet the needs of people in the home.

The staff regularly reviewed people's care needs and updated their records. For example we found one person had been discharged from hospital and required two carers to help them move around. Their progress had been reviewed and their care plan reflected they were back to using their zimmer frame with only one member of staff assisting them. This meant the home supported people to recover and regain their

mobility.

We found one person had to spend a short period of time in hospital. They displayed behaviours which challenged the service. The registered manager was concerned the hospital ward may use medicines to control their presenting behaviour. The registered manager contacted the hospital and advised the hospital staff not to prescribe the person "control medications" and return the person back to Southwood as soon as they was medically fit. The registered manager informed the hospital of the person's usual presentation and how to manage their behaviour. This meant the registered manager was concerned about a person, had anticipated the person's reaction to being in hospital and supported the hospital staff to provide a consistent response to the person.

We saw the home had in place a complaints file. This contained a monthly analysis of complaints received. We saw that complaints were recorded and investigated appropriately and feedback given to the complainant. We saw that a staff meeting had been held following some learning from a complaint about call bells and that all staff were reminded to ensure call bells were in situ and disciplinary action would result if staff were not following this direction.

We saw that staff also had access to and utilised the complaints process. The registered manager had investigated and discussed with a person using the service their use of language and respect for their carers. This showed the complaints process was accessible to all. During the inspection we asked the registered manager why the complaints folder was in the reception area; the registered manager told us, "We have nothing to hide" and expressed to us their duty of candour. We suggested to the registered manager for confidentiality reasons the file should be stored out of public view. The registered manager agreed to do this.

We spoke with the activities coordinator and found because most people in the home required nursing care there were significant numbers of people who preferred to remain in bed or in their room. This meant individual time was required for one to one activities to provide the stimulation people needed as people found it difficult to participate in group activities, and also to reduce the risk of social isolation. The activities coordinator explained to us there were a number of people in the home who due to a reduction in the use of their hands were not able to do crafts, and alternatives were provided. On the day of our inspection an entertainer came into the home. People told us they enjoyed the singing. We saw people were provided with daily newspapers and staff chatted to them about their contents.

We saw choice was a key issue for people in the home. People were able to choose if they got up, got dressed, their meals and where they wanted to eat them. We observed staff giving people choices throughout the day. This meant staff supported people to live the life they chose.

Good

Is the service well-led?

Our findings

Staff told us they liked working in the home and felt supported by the registered manager. One person said, "[name of registered manager] is a good manager." We found the culture of the home was provided a warm and friendly environment which focussed on the needs of people using the service. Before our inspection one professional wrote to us and said, "I complimented the staff at Southwoods Nursing home this morning when visiting a patient. I had commented on the friendly and professional manner of the staff towards myself but more importantly the residents. The organisation and professionalism are excellent and the team are motivated and hard working. With so much negativity around care and health at present I felt it important to comment on such a positive team Southwoods is a pleasure to visit and the team are super to work with. Many thanks." This meant an external professional had recognised the way the service was working as whole team.

There was a registered manager in post. The registered manager was able to give us a good account of the service. They provided us with all of the information we needed, and it was organised and easy to follow. It was evident they understood the requirements of CQC and had submitted all of the required notifications. We found the registered manager valued being open and accountable.

The issues identified in the previous inspection regarding medicines had been taken on board by registered manager. We saw they had actively engaged with partner agencies and registered nursing staff at Southwoods to address issues and the areas for improvement. In terms of the home learning the registered manager explained how they had sought out NICE guidance in relation to medicines practice and had sought an external audit from the CCG (Clinical Commissioning Group) pharmacist to come in, question their practice and review their systems. We found auditing systems for people's medicines were now established and the registered manager had oversight of the audits.

The registered manager also had in place a number of other audits including the home's environment, care documentation, accidents, complaints, HR and personnel file, health and safety, staff supervision and training, and an observation assessment on staff ensuring people's privacy and dignity. We found the registered manager had in place a comprehensive set of audits to monitor the service and saw the audits led to sets of actions to continuously improve the home.

We found the registered manager carried out a daily walk around of the service. On the morning of our inspection one person said, "They always pop in. They must be busy this morning because I haven't seen them." This meant the registered manager engaged with people which carrying out checks in the home.

The service had an up to date statement of purpose, this is a document which tells people and their relatives what they can expect from the service.

We saw that resident / relatives meetings were advertised and had been scheduled throughout 2016; although the registered manager was disappointed at the levels of attendance we found issues to improve the home had been discussed. The minutes of the meeting were available to everyone in the reception area.

There was a quality assurance analysis file in the home which showed the outcomes of questionnaires sent out in October 2016 to staff, people, relatives and external agencies. This was available to anyone who visited the home or lived there. We found the registered manager to be open and accountable for their service. The registered manager had used the survey responses to monitor the quality of the service. We found the survey responses were largely positive and they were summarised in a format which was clear and easy for people to read. The registered manager had also written that any concerns or questions could be addressed to her and that they had an 'open door' policy.

The registered manager chaired staff meetings and these had been held regularly in 2016. The registered manager had encouraged attendance and also encouraged ideas to be discussed. We saw a variety of issues were discussed including health and safety. The registered manager held a staff meeting following our last inspection where areas for improvement were found. We saw the manager had talked through these areas with staff so that staff could see the areas for improvement and implications of their actions.

We found the registered manager had oversight of the capabilities of their team and had acted if they felt a member of staff needed additional responsibility or new learning opportunities. They explained they wanted to boost the development of staff, for example they had recently promoted a nurse to a clinical lead position.

We found there was good partnership working by staff in the home. There were contacts with opticians, chiropodists, GP's, specialist nursing services and occupational therapists, the results of which led to people having improved lives. We also found there was good partnership working with relatives to support people living in the home and manage their care. This meant there were relationships in place to manage and meet people's needs.

Records in the home were accurate and up to date. The registered manager had identified that the records being kept up to date were dependent on a small number of staff when the whole of the staff team come into contact with people during the day. They had recently introduced new expectations to include all staff recording in people's daily notes and were confident this would be achieved through time.

The home had displayed in their hallway the last CQC rating. We found the registered manager had also notified of us of events in the service. This meant they were meeting the needs of the registration.