

South West Care Homes Limited

Kenwyn

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

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

Summary of findings

Overall summary

We completed a focussed inspection on 19 April 2018 as a result of some information of concern we had received in relation to possible poor care and there not being enough staff. We found there were breaches of legal requirements in regulation 9- person centred care, 12-safe care and treatment and 18-staffing and 17- good governance. We issued requirement notices for these four breaches. The provider had received their final report but had not yet had time to complete an action plan to show how they intend to be compliant with these breaches.

We have received some further information of concern which we have shared with commissioners and the local safeguarding board as well as the provider. These centred on

- ☐ Staff attitude and lack of knowledge of people's needs
- ☐ Basic care needs not being met
- ☐ Possible poor moving and handling practices.
- ☐ New staff not having a full induction
- ☐ Lack of understanding around end of life.

We received information from Devon doctors out of hour's service who were asked to visit a person and was then later called to say they were no longer needed. The GP who took the call decided to visit the person at the service and found them to be in pain and needing to be admitted to hospital. The provider had taken disciplinary actions to ensure this incident did not occur again.

We attended a whole service safeguarding meeting on 23 May 2018 and heard that although visiting healthcare professionals had increased confidence in the manager and in people's basic care needs being met, further improvements were still needed to ensure people's social and emotional needs were met. .

This inspection was completed on the 1 June 2018 as a responsive comprehensive inspection. This means we looked at all five key areas to help make a judgement about the quality and safety of care and support being delivered.

This is the second inspection where the service has been rated Requires Improvement. At the focussed inspection completed in April 2018 we found all three areas we inspected as requires improvement. At this inspection we have found two areas requires improvement.

Where we had previously identified staffing needed to improve to meet people's needs, this had been addressed. Following feedback at the inspection on the 19 April, the manager took urgent action to increase staffing by one additional care worker each day. This had had a positive impact for people. This was because staff had more time to ensure people's needs were being met in a timely way. The medicines management had improved. The manager had ensured each person; including new people and those

staying for short breaks had care plans. This enabled staff to plan their care and support safely and in a way the individual preferred. Some further work was being done to ensure that the provider's quality assurance checks and audits looked at key aspects of how care was being delivered and the records relating to this.

Kenwyn is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Kenwyn is registered to provide personal and nursing care for up to 25 people. They provide care and support for frail older people and those people living with dementia, but do not provide nursing care. On the day of the inspection there were 18 people living at the home.

The manager has been in post since the beginning of January 2018 and is in the process of registering with CQC. 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.

Since the last inspection the provider had purchased more appropriate dining room furniture. Tables were set with condiments and the whole lunchtime experience was improved with staff being available to help people when needed.

The interactions we observed between staff and people living at the home were kind, respectful and ensured people's privacy and dignity was upheld. The manager said that following our previous feedback, he had arranged more training including some dementia awareness training to ensure staff understood people's needs. They were also in the process of organising specialist training from the nurse educator on conditions associated with frailty and old age.

There was a program of activities being developed and we saw people being supported to do artwork and to have a sing-along during the afternoon. Further work is needed to ensure activities are planned in line with people's need, wishes and past social interests.

People and their visiting family and friends reported some positive changes since our last inspection. This included a positive change in the atmosphere of the home. One person told us "The atmosphere is so much better in the last two weeks. It is so much more relaxed and so much better now they have more staff on each shift."

At the last inspection we highlighted the lack of suitable and appropriate outside space for people. The provider had developed a two stage plan. The interim plan was to develop an area outside near the car park. They had received quotes and were about to commission this work. Their longer term plan was to develop an area at the back of the home. This would involve some excavation work and would be written into their business plan for future development. The provider had acknowledged that more suitable outside space was required which included suitable furniture and was putting this plan into action.

During this inspection we noted that there was a queue at key times to use the one available toilet in the downstairs area. There was a staff toilet which could be utilised and as part of our feedback we asked the provider to consider more accessible toilets in the main communal areas.

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?

Good ●

The service was safe

Improvements had been made to ensure pressure relieving equipment was being used appropriately to help mitigate such risks.

There was sufficient staff to meet the needs of people living at the service.

People were kept safe because staff understood about abuse and recruitment practices were robust.

People received their medicines on time and in a safe way.

Is the service effective?

Good ●

The service was effective.

Improvements had been made to ensure people's healthcare need were documented and followed up.

People were cared for by staff who had regular training and work was in progress to ensure support with practice through supervision and appraisals were being completed.

People's consent to care and treatment was sought. Staff used the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and understood how these applied to their practice.

People were supported to eat a well-balanced diet and they had access to health professionals to help sure they kept as healthy as possible.

Is the service caring?

Good ●

The service was caring.

People received care from staff who were starting to develop positive, caring and compassionate relationships with them.

Staff were kind and affectionate towards people.

Staff protected people's privacy and dignity and supported them sensitively with their personal care needs.

People were supported to express their views and be involved in decision making.

Is the service responsive?

The service was not always responsive.

Care and support was being planned but some plans still required more detail about people's social histories and directions for staff. This was being addressed.

Activities were now being planned but still needed to be tailored to individuals' needs and wishes.

People or their relatives concerns and complaints were dealt with and this included improvements in the documentation of how issues had been responded to and resolved.

Requires Improvement 

Is the service well-led?

Some aspects of the service were not always well led

The manager was not yet registered with the Care Quality Commission CQC.

Systems had improved to ensure the records; training, environment and equipment were all monitored on a regular basis by the provider but this was still work in progress.

Staff morale had improved and high staff turnover was being addressed, although further work was needed to ensure team building was embedded.

Requires Improvement 

Kenwyn

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 1 June 2018 and was unannounced. The inspection was completed by two adult social care inspectors, a pharmacist inspector and an expert by experience. An expert by experience is someone who has had direct experience or their relative had used registered services such as care homes.

We looked at all the information available to us prior to the inspection visits. These included notifications sent by the service, any safeguarding alerts and information sent to us from other sources such as healthcare professionals. A notification is information about important events which the service is required to tell us about by law. We also reviewed the service's 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 the inspection we spoke with 11 people. However, some other people were not able to comment specifically about their care experiences, so we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people living with dementia. We also spoke with five relatives, nine staff and one healthcare professional.

We looked at four care files including risk assessments, care plans and daily records. We reviewed 13 medicines records, three recruitment records and a variety of records relating to the auditing of the environment and quality of care.

Is the service safe?

Our findings

When we inspected in April 2018 we judged this key area to be requires improvement. This was because there was insufficient staff for the number and needs of people living at the service. We also found people were not fully protected against the risk of developing pressure damage because equipment was not being used correctly. We also found medicines records were not always fully completed and needed some improvement.

Following this inspection we received an action plan which showed how the service intended to meet the breaches in regulation. This included increasing staffing levels by one care worker each shift.

At this inspection we found there had been a positive impact for people due to the increase in staffing levels. One person said "It is so much better now they have extra staff on. They are not so pushed for time and can help you better." One relative said "I think there is enough staff now, they definitely need 4, when it's under 4 they are struggling"

People said they felt safe. One person said "I feel as safe as I can be, I trust the staff. On Monday my wrist was painful, the Manager took action immediately, he phoned the GP, arranged patient transport and I went for an Xray". One relative said "I feel my husband is safe here, I have never come in and found him or his room to be smelly, that makes me feel he is well looked after".

Staff confirmed that since our last inspection staffing levels had been maintained at four care staff per shift. Staff said this had improved their ability to meet people's needs in a more timely way. One said "We are having to use a lot of agency staff at the moment but they are getting to know our residents and it is definitely better than it was when we last had an inspection."

One visiting healthcare professional said they had been visiting daily for the last two weeks and had observed people being cared for in a more timely way. They confirmed their previous concerns about people's basic care needs not being met, was no longer an issue. They said they were confident the other professionals in their team would confirm there had been positive improvements and outcomes for people.

We saw that pressure relieving mattresses were being checked daily to ensure they were set at the correct setting for people's weight. We also saw that people were supported to sit in more comfortable armchairs, where previously they had been left to sit in transit wheelchairs for long periods of time.

Concerns had been raised about possible poor moving and handling practices. We did not see any evidence to support this during this inspection. We were made aware that following a review of some people by the commissioning team, improvements were needed to ensure staff had the right information to meet people's mobility needs. This had been addressed.

People's medicines were administered safely. There have been some improvements to the way medicines were managed since our last inspection, but there are some further improvements to be made.

There were systems in place for people to look after their own medicines if they wished and it was safe for them. Trained and competent staff recorded medicines on medicines administration records (MARs). At the time of our inspection there were three trained staff who could give medicines, and the manager confirmed that training had started to enable more staff to be able to give medicines. A sample of 11 people's MARs showed that people were given their medicines in the way prescribed for them. Most MAR charts were printed by the supplying pharmacy, but there were some handwritten entries on five people's charts. Three of these had been signed in by two members of staff as recommended at our previous inspection; however two had only been recorded by one member of staff. This could lead to the risk of errors, and is not in line with the home's policy or with current guidance. However these entries were correct on the charts we saw.

Room temperatures were monitored to make sure that medicines would be safe and effective. Records were kept of the medicines refrigerator temperature range, although this had not been recorded over the last two weeks. Staff told us they would ensure that temperatures were recorded every day.

We recommend that the recording of some aspects of medicines management are improved, including the process for handwriting additions to MAR charts and recording of the refrigerator temperature range.

There had been improvements to the way staff recorded the application of creams and other external preparations on the electronic system. There were clear directions available for staff on how to apply these preparations correctly for each person. Records detailed each preparation used and showed when each had been applied. There were suitable arrangements for ordering, receiving, storing and disposal of medicines, including medicines requiring extra security. There was guidance on when it would be appropriate to give doses of any medicines prescribed to be given 'when required'.

People were protected from risks as far as possible because risk assessments were completed and reviewed monthly or sooner if needed. Where someone was at risk of falls, this was clearly identified and staff were instructed on how to reduce this risk with the use of equipment and keeping the environment clutter free. Where people had fallen, a review of the incident form was completed and the risk assessment was updated if needed.

People were protected from possible abuse because staff understood what to look for and how to report any concerns. There had been five safeguarding issue raised since the last inspection. The manager was working with the local authority safeguarding team to look at improvements to prevent further alerts being raised. Some of the alerts concerned staff who no longer work at the service. Also improvements in staffing levels and staff support and training meant that people being cared for by staff who had a better understanding about health conditions and how to support people safely. Staff recruitment ensured only staff who were suitable to work with vulnerable people were employed.

The home was kept clean to a high standard. The housekeeping team had a cleaning schedule which including ensuring areas had a deep clean on a regular basis. Staff understood infection control processes and there was a plentiful supply of gloves, aprons and hand sanitizer gel. We did raise the fact hand sanitizer was freely available throughout the home but not secured to the wall which may have presented as a risk of someone ingesting the liquid. The provider agreed to purchase wall brackets that the sanitizer can be secured to.

Emergencies were planned for. For example, each person an emergency evacuation plan and regular fire safety checks were being done, including testing of alarm bells. Fire equipment such as extinguishers had been serviced and maintained on an annual basis.

Is the service effective?

Our findings

People said they were being cared for by staff who understood their needs. One person said "Since there has been a change and some staff left, I feel more confident my needs will be met and staff do work hard to make sure we are cared for."

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 authorisation 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 of authorisations to deprive a person of their liberty were being met. One person had such safeguards in place. Most people had applications pending. Details of people's capacity and any applications were included in their care plan for staff to refer to. Some staff had a limited understanding of MCA although some of these staff were new and may not have yet received training in this. The manager told us this training would be given priority.

Staff said they had received some good training and support to do their job effectively. The deputy manager said they was making sure each staff had received a supervision session to talk about their role and any training needs. They were also updating the training matrix and looking at what training they needed to book to ensure staff had annual updates on all areas of health and safety. Staff confirmed there was a range of training opportunities to enhance their skills and learn about areas of interest such as end of life care, working with people with dementia. The manager said they had recently used the care home's team nurse educator to set up some learning sessions in particular health care areas such as diabetes, bowel care, pressure care and sepsis.

We had received some information of concern which suggested staff were not having a thorough induction. Prior to the inspection we asked for some information about their induction processes. New staff had an induction which detailed all areas of how the home was run and what was expected of their role. This was tailored to suit each staff member. If the manager had information to show their training was up to date in moving and handling and they had certificates to prove this, they did not always offer this training at induction, for example. Staff new to care were expected to complete a nationally recognised induction called the Care Certificate. This helped to ensure new staff understood the key elements of delivering safe, effective and compassionate care.

New staff had the opportunity to shadow more experienced staff to help them gain a better understanding of the role and the needs of people living at the service. The manager said they hoped to have a new cohort of staff start shortly and they would be looking at their induction and introduction to the service to ensure

this allowed them to feel comfortable with their role. One newer staff member said "My induction lasted about a week and involved shadowing. I felt prepared to do the job. I have done manual handling and I've watched DVDs on health and safety. I should have certification for them. If I asked for specific training the manager would make sure it happened."

The service was using high proportions of agency staff as they had staff vacancies. Agency staff had a handover book to review. One agency staff said they had been given some induction. They told us "I have been here about six shifts. They showed me around the whole building, the care plans, fire procedure. I think the basic safety was covered."

People benefitted from being offered a variety of meals to suit their tastes and promote their health and wellbeing. There was a choice of at least two options for lunch and tea. There was also a variety of snacks available in communal areas for people to help themselves to. People said they enjoyed the meals and that regular drinks and snacks were offered. Comments included "I have never had to complain about the food, if things are not to my liking I ask the Manager to get me different things, last week he got me some oxtail soup I asked for." And "We get more than enough to eat and drink and the food is wonderful. I can't fault it." One relative said "They are never short of food, the quality is excellent. We had Sunday lunch with our relative it was beautiful. There is always a choice, last week they started bringing around baskets of fresh fruit in the afternoon."

On the day of the inspection one of the chefs had resigned. The manager arranged for a takeaway meal of fish and chips or sausages. People said they enjoyed this treat. We were assured that arrangements were in place to ensure sufficient cover for chefs so care staff did not have to spend time preparing the main meal. This was a concern at the previous inspection completed in April 2018. The manager has fed back to us that they are still trying to recruit a new cook, but are using agency chefs as an interim arrangement.

Where there was an identified risk of poor nutritional intake, food and fluid charts were kept and closely monitored. The total amount of fluid offered in 24 hours was identified along with the amount the person has actually consumed. Staff told us people were weighed on a monthly basis unless they were losing weight when it would be done weekly. Where people were identified as losing weight and nutritionally compromised, they were referred to their GP. We saw some people were prescribed supplements and fortified drinks.

Care plans identified favoured foods and dislikes. The care plans also identified any known food allergies/sensitivities. For example one person was noted to be allergic to apricots.

The design and layout of the service had been considered for people with dementia. For example there was good signage and use of pictures to show people where bathrooms were. We noted that at key times the only downstairs toilet was in high demand. There was a staff toilet which could be utilised and as part of our feedback we asked the provider to consider more accessible toilets in the main communal areas.

At the last inspection we highlighted the lack of suitable and appropriate outside space for people. The provider had developed a two stage plan. The interim plan was to develop an area outside near the car park. They had received quotes and were about to commission this work. Their longer term plan was to develop an area at the back of the home. This would involve some excavation work and would be written into their business plan for future development. The provider had acknowledged that more suitable outside space was required which included suitable furniture and was putting this plan into action.

Is the service caring?

Our findings

People said staff treated them with kindness and were caring. One person said for example, "I feel staff respect my privacy, they always knock on my door before entering. They used to check me every hour through the night I asked them to stop, they respected my wish". Another said "It's very good here, you get waited on, everyone is very kind and helpful, what more could you want". A relative reported "If staff need to assist him with his personal needs they take him to his room to do it privately, if we are in his room they ask us to leave, respecting his dignity".

One person felt that poor communication sometimes meant their needs were not always understood. Some staff had been recruited from other countries. One person raised concerns about some staff's ability to communicate effectively in English. We observed one staff member who was struggling to get a person to understand them, they tried to word their request in another way and eventually the person understood what was being asked of them. The staff member remained patient throughout the interaction.

We observed caring and affectionate interactions. For example one person had experienced a fall and sustained facial bruising and we observed several staff spending time with them, holding their hand and reassuring them. Another person was anxious about when their family members would be visiting. Staff reassured them and took time to sit and comfort them.

Staff understood the importance of ensuring people's dignity was upheld. People had been assisted to dress in the own individual style. At a recent safeguarding meeting we heard how some professional who had visited had found people's personal care had not been fully attended to. For example people's teeth looked like they had not been brushed and finger nails were dirty. We found no evidence of poor attention to people's personal care during this inspection. One person said the shower facilities were not suitable to them and another said they would like to have more regular baths. When we fed this back to the manager, he assured us the bathroom was suitable and adaptable for people with mobility difficulties. He said they were looking at more personalised care and where possible people were offered support to shower or bath as often as they wished.

People were encouraged to make choices about all the care they received. Staff understood how important it was to listen to people and their views. People's known preferred routines and personal histories were starting to be incorporated into people's plans. This helped staff understand people's life histories and what was important to them.

People were encouraged to personalise their rooms with small items of furniture, pictures, photos and nic-nacs.

The service had received thank you cards and compliments which showed families appreciated the caring and compassion staff showed towards people. For example one said "Thank you for all the kindness and care you showed (name of person) during their stay with you."

Is the service responsive?

Our findings

When we inspected in April 2018 we found a breach in regulation 9- person centred care. This was because we found not everyone had a care plan to direct staff about how to plan and delivery their care and support. We also found there were not enough activities which were geared towards the needs and wishes of people. Also we found care plans lacked meaningful detail to ensure staff could deliver personalised care. The provider sent us an action plan, which stated improvements would be made by.

At this inspection we found care plans were more detailed and allowed staff to understand people's wishes, likes and dislikes. Where known, people's personal histories had started to be completed. This enabled staff to know more about what was important to each person.

A newer person to the service did not have a social history to inform staff about the person's previous life and interests but the manager had arranged for the persons friend to come into the home the following week in order to provide that information.

The care plans contained essential 'need to know' information on the first page so that new staff could quickly find this information. They also contained a section with detailed information for hospital staff in the event of a hospital admission.

One person's care plan said they should always have a drink by their chair and when we visited them in the upstairs TV lounge we could see that a drink had been placed next to their chair. Their care plan also identified that as a result of a speech and language referral they should have a fork mashable diet. We observed a carer assisting them to eat a fork mashable diet.

We asked staff to show us the part of the care plans that deal with any challenging behaviour and also end of life preferences. The behaviour management plan contained de-escalation techniques and also contained antecedence, behaviour and consequence descriptions although not in those terms. The least restrictive option to deal with the behaviour was described. We also observed a section entitled 'maintaining a safe environment' that gave direction on what staff should do when faced with challenging behaviour.

We were told about an incident that had involved a person going into another person's room because they thought it was the toilet and this had upset the person in their room. To avoid this situation happening again staff painted the toilet door a bright colour and put the toilet sign at eye level so people could see it. This showed the service was responsive and looking at best practice in terms of ensuring the environment met people's needs.

The activities being planned was a work in progress. The manager had made some suggested activities for staff to follow when there were no planned singers or paid entertainers. We observed staff assisting people to do some colouring during the morning, which was met with a varied response from people. During the afternoon people were being encouraged to sing along to old thyme songs which seemed to be engaging people well. The manager agreed they still needed to work on ensuring the activities were in line with people's interest and hobbies.

People's equality and diversity was starting to be considered. For example some people continued to attend local clubs because this enabled them to stay in touch with people they were familiar with. Some people enjoyed visits from the local clergy which helped to ensure their spiritual needs were considered.

Staff explained that the end of life wishes section has not been completed yet and was still work in progress. The operations manager said she planned to look at the end of life sections of the care plans when they were up and running on a regular basis to ensure they were completed and that people's final wishes were recorded and understood by staff.

Staff said they felt families and people living at the service were more understanding about end of life wishes and the need to discuss them, but it could be a difficult conversation to initiate.

The operations manager reported they had been working with Devon County Council Quality Assurance Improvement Team (QAiT) and they had been given end of life care plan prompts. The service also planned to make end of life training mandatory and in line with best practice.

We looked at how the provider complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Care plans included where staff needed to consider people's sensory or hearing impairment. Staff were able to communicate with, and understand each person's requests and changing moods as they were aware of people's known communication preferences. Areas of the service were sign posted with pictures, for example toilets, to help people find their way. There was a large white board available for staff to put up important information such as the menu for the day and the date and day to help people stay orientated.

The service had a complaints process with written details of who people could make their concerns and complaints known to. We reviewed complaints in the last six months and saw these had been addressed and people had received a response, although this was not always in writing. For example, some relatives had complained that the curtains in the sun lounge were not fit for purpose. The manager organised for new ones to be fitted.

The provider had held a recent resident and relatives meeting where they shared their plans for the future of the service and asked for feedback.

Is the service well-led?

Our findings

When we inspected this key question in April 2018 we judged it as requires improvement. This was because their quality assurance systems had failed to pick up on essential issues we had identified which placed people at risk. The provider sent us an action plan which included details of how their quality assurance team were doing more quality checks.

At this inspection we found more spot checks had been completed by the provider's quality improvement team. They had also been having more of a presence within the home, assisting the manager to work with staff in ensuring people's needs were being met. The operations manager had been providing daily support and for a two to three week period the manager had been working on the floor in the capacity as a team leader to help run shifts. This was in part due to necessity as there was a shortage of team leaders as one had left, but he also wanted to work alongside staff to act as a role model. Staff and people using the service saw this as a good improvement. One person told us "The manager is a good man; he has been working his socks off getting the staff to do their job."

The provider had received the following feedback "I am a niece of a resident, and although I have had cause to complain on a few occasions about various matters, I would like to take this opportunity to compliment the way the home is starting to improve. Since the new manager has taken charge, the whole atmosphere is better. The staff seem a lot happier, which obviously is better for the residents and visitors. The home itself is starting to look more homely and friendly, with lovely new furniture and pictures on the walls and new curtains. I have heard the residents say how much they like it. The kitchen has also had a lovely re-vamp and now looks more modern and clean. Thank you for continuing to improve things - it makes a huge difference to everyone."

Whilst improvements have been made to the staffing levels, environment and care planning, this was not yet fully embedded. Feedback we received from the safeguarding team who have visited the service and reviewed care plans, shows further improvements are still needed. This includes ensuring there is sufficient detail in plans to keep people safe. Since the draft report had been issued the provider has contacted us to say that since the last safeguarding meeting health care professionals have stated that care plans have further improved.

The manager was not yet registered with CQC; they had been in post for five months. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The provider had sent us details to show that the manager had now put in his application to CQC.

The manager and provider understood their responsibilities in respect of duty of candour. Where they had reviewed incident reports or complaints and concluded the service could have done things differently, they acknowledged this.

The rating from the last inspection report was prominently displayed in the front entrance of the service and on the provider website.

The manager was looking at ways the service could ensure the views of people and their families could be fully considered, using surveys and having regular meetings, but this was still work in progress. People told us their views were listened to and expressed a high level of confidence in the manager.