

Leonard Cheshire Disability

Mickley Hall - Care Home with Nursing Physical Disabilities

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

About the service:

Mickley Hall is a care home for people who require personal or nursing care. The service can provide accommodation for up to 40 people. At the time of the inspection 37 people were using the service.

People's experience of using this service:

The provider had made good improvements to the service since our last inspection on 11 January 2018.

Staff received better training, induction, supervision and support so they could effectively perform their roles.

The registered manager had resolved issues surrounding the recording, investigation and analysis of incidents and accidents.

Risk management at the service had improved.

The deployment of staff had improved at the service.

We found systems to make sure people received their medicines safely had improved.

The registered manager had submitted appropriate notifications to the Care Quality Commission and/or the local safeguarding authority.

We observed that many areas of the home required refurbishment, however the provider had a maintenance and refurbishment programme in place which showed clear timescales of how and when the works were to be completed.

People were supported to have maximum choice and control of their lives and staff did support them in the least restrictive way possible; the policies and systems in the service support this practice.

People had access to a range of health care professionals to help maintain their health.

People were treated with dignity and respect and their privacy was protected; a range of activities were available to provide people with leisure opportunities.

People were confident in reporting concerns to the registered manager or staff and felt they would be listened to and their concerns would be addressed.

There were effective systems in place to monitor and improve the quality of the service provided. Regular checks and audits were undertaken to make sure full and safe procedures were adhered to.

Staff told us they felt they had a very good team. Staff and people said the registered manager was approachable and communication had improved within the service.

Rating at last inspection:

At the last inspection the service was rated requires improvement (report published 11 April 2018) This service has been rated requires improvement in the last two inspections.

Why we inspected:

All services rated "requires improvement" are re-inspected within one year of our prior inspection. We carried out this inspection to check whether the necessary improvements had been made to the service.

Follow up:

We will continue to monitor this service. We plan to complete a further inspection in line with our re-inspection schedule for those services rated good.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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
Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective
Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring
Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive
Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led
Details are in our Well-Led findings below.

Mickley Hall - Care Home with Nursing Physical Disabilities

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was completed by three adult social care inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. An inspection manager also attended the inspection as part of CQC staff observation process.

Service and service type:

Mickley Hall 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.'

Notice of inspection:

This inspection was unannounced.

What we did:

Before this inspection we reviewed information, we held about the service. The registered manager had completed a Provider Information Return (PIR). The PIR 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.

We contacted social care commissioners who help arrange and monitor the care of people living at Mickley Hall. We also contacted Healthwatch Sheffield. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the feedback we received from these organisations to plan our inspection.

During this inspection we spoke with 11 people living at Mickley Hall and five of their relatives and friends. We spoke with nine members of staff which included, the registered manager, the deputy manager, two nurses, a team leader, two care workers the cook and the administrator.

We looked at three people's care records and selected documents from one other care record. We checked medication administration records and two staff files, which included recruitment checks, supervisions and appraisals. We also looked at other records relating to the management of the service, such as quality assurance audits.

We spent time observing the daily life in the service and we looked around the building to check the home was safe and clean.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

At our last inspection on 11 January 2018, this key question was rated "Inadequate". We found accidents and incidents were recorded in different ways and not able to be readily collated, analysed and learnt from. We found systems to safeguard people from the risk of abuse required improvement. The staff responsible for administering medicines required further training on using the electronic medicines administration record (EMAR) system to ensure people received their medicines at the right time and although there were sufficient staff to meet people's needs the deployment of staff needed improving.

At this inspection we found the service had taken steps to improve the health, safety and welfare of people using the service and to manage risks that may arise during care and treatment. Therefore, the rating of this key question has increased to "Good."

Assessing risk, safety monitoring and management:

At the last inspection we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment. This was because we looked at a sample of incidents about people displaying behaviours which challenge and found that the service did not always operate effective systems to mitigate risk. At this inspection we found improvements had been made.

- At this inspection we found effective systems were in place to identify and reduce risks to people. For example, we saw one person's risk assessment had been reviewed and a behaviour monitoring chart had been introduced in response to an incident. We found effective management plans were put in place to ensure that these risks were managed safely and effectively.
- People's care records included assessments of specific risks posed to them, such as risks arising from mobility, nutrition, skin integrity and falls. Care records contained appropriate guidance for staff about how to support people to reduce the risk of avoidable harm.
- Risk assessments were reviewed each month or more frequently if a person's needs changed. This supported staff to take appropriate action to reduce risks as risk levels changed.
- Regular checks of the building and the equipment were carried out to keep people safe and the building well maintained.

Systems and processes to safeguard people from the risk of abuse:

- People told us they felt 'safe' and had no worries or concerns about living at Mickley Hall.
- At the last inspection we identified a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safeguarding service users from abuse and improper treatment. This was because only fifty three percent of staff had completed safeguarding vulnerable adults training. It is important that all staff complete training and this is regularly updated so they have a good understanding of their responsibilities to protect people from harm. At this inspection we found improvements had been made.

- At this inspection we found staff had been trained in their responsibilities for safeguarding adults. They knew what action to take if they witnessed or suspected abuse and they were confident the registered manager would address any concerns they raised. Staff were aware of the different types of abuse. The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.
- People told us they knew who to report any concerns to. People told us, "I can talk to [registered manager] or any staff."
- Staff knew about whistleblowing procedures. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice.

Learning lessons when things go wrong:

- At the last inspection we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment. This was because we found the service's accident and incident reporting process for staff to report concerns about risks, safety and incidents was not always operated effectively. This showed that risks were not always identified or managed. At this inspection we found, the provider had improved the accident and incident process.
- The registered manager reviewed all the logged incidents to identify themes and trends. For example, they checked whether there were staff or system related root causes to repeated incidents.
- Blank incident forms were kept to hand by the care workers. If an incident or accident occurred, the care worker completed the form and returned it to the office.
- The management team triaged the incident forms as they came into the office. They checked that people's safety was maintained and conducted any investigations or further enquiries. The provider was keen to learn from these events.
- A folder containing all relevant information to each incident was maintained so that there was ready access to information, as required.
- At the last inspection we saw there was a risk that reportable incidents may not be shared appropriately with the Care Quality Commission and/or the local safeguarding authority. At this inspection we found the registered manager had submitted timely notifications for all notifiable incidents in accordance with the regulations.

Using medicines safely:

At the last inspection we identified a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014, Staffing. This was because we found the procedures in place to check the competency of all staff who administered medication on an annual basis required improvement. This competency check is recommended by the National Institute for Health and Clinical Excellence (NICE). At this inspection we found improvements had been made.

- At this inspection we found the Medicines were obtained, stored, administered and disposed of safely by staff.
- Staff were trained in medicines management and their competency to administer medicines safely had been checked. We observed staff were patient and respectful when they supported people to take their medicines.
- The provider had a policy in place regarding the safe management of medicines. This provided guidance to staff to help ensure people received their medicines safely. People were receiving their medicines as prescribed by their GP, and staff kept accurate records about what medicines they had administered to people and when.
- Some people were prescribed medicines to be taken as and when required, known as PRN medicines. PRN protocols were in place in people's care records to provide important information to staff.

Staffing and recruitment

- At the last inspection we saw the deployment of staff required improvement to ensure people who were unable to summon assistance were not left unattended. We saw it was important to have staff supervision on hand to respond to people if they showed any signs of distress through facial expressions or coughing. Without a staff member in place we saw people were left at risk. At this inspection, we saw there were enough staff on shift to keep people safe. The registered manager used a dependency tool to calculate the number of staff required to meet people's needs. The dependency levels were recalculated at appropriate intervals, to check there were enough staff on each shift.
- During this inspection, we saw staff were available to meet people's needs in a timely manner. We saw staff responded promptly when people required support.
- Staff told us they felt there were enough staff to meet people's needs. People and relatives raised no concerns about staffing levels. Comments from staff included, "Lately we have taken on new starters and things have got a lot better and "When fully staffed yes, I would mention if there was a struggle, I would let the management team about it."
- The provider completed appropriate pre-employment checks for new staff, to check they were suitable to work at the service. This included obtaining references from previous employers and completing a check with the Disclosure and Barring Service (DBS). A DBS check provides information about any criminal convictions a person may have. This information helps employers make safer recruitment decisions. During the inspection we found one staff file that had gaps in their employment history. We discussed this with the registered manager and they took immediate and responsive action to address this concern.

Preventing and controlling infection:

- Mickley Hall was clean and there was an effective infection control system in place. The system was regularly audited to check it was effective and being implemented correctly.
- Staff followed cleaning schedules and had access to personal protective equipment (PPE) such as gloves and aprons. We observed staff using PPE appropriately during our inspection.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection on 11 January 2018, this key question was rated "requires improvement". At this inspection we found improvements had been made. Therefore, the rating for this key question has increased to "good".

Ensuring consent to care and treatment in line with law and guidance:

- 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- At the last inspection we identified a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. This was because we had not received any notifications about the outcome or withdrawal of an application to deprive a person of their liberty. At this inspection we found improvements had been made.
- At this inspection we found the registered manager had made appropriate applications for DoLS authorisations. They had oversight of which people were subject to authorisations and when they were due to expire. The registered manager also made sure the service complied with any conditions attached to authorisations. They had a good understanding of MCA procedures and the DoLS framework.
- At the last inspection we identified a breach Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) 2014, Need for consent. This was because we identified that one person living at the service was being given medicine covertly and we did not see any record of a multi-disciplinary 'Best Interest' meeting to discuss this. It is important that the decision to administer medicines covertly is reviewed regularly by a multidisciplinary team and to include involvement of the people's family or close relatives in the process. This showed the decision to administer the medicine covertly had been made for the person without appropriate legal processes being followed.
- At this inspection we found people's care records contained assessments of people's capacity to make various important decisions. Where people were assessed to lack capacity, best interest decisions were made and recorded in their care plan. Capacity assessments were decision specific, in accordance with the principles of the MCA.
- Staff received training in the MCA and DoLS. During the inspection we observed staff asking people for consent before they delivered care.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- People's needs were assessed before they moved into Mickley Hall to check the service was suitable for them. A detailed care plan was then written for each person which guided staff in how to care for them.
- People and their relatives were involved in this process. They were asked to provide important information about their likes, dislikes and life history, so care could be delivered in accordance with their needs and preferences.

Staff support: induction, training, skills and experience:

- At the last inspection we found the provider had not ensured that all staff had received appropriate support and training that is necessary for them to carry out the duties they are employed to perform. At this inspection we found staff were competent, knowledgeable and skilled. They carried out their roles effectively.
- Staff completed training in a range of different areas to ensure they had the right skills, knowledge and experience to deliver effective care. Staff told us they were happy with the training they completed.
- Staff received regular supervision to review their competence and discuss areas of good practice or any improvements that were needed. The registered manager completed annual appraisals for all staff. Staff told us they felt supported by the registered manager and they felt able to raise any concerns or questions with them.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a balanced and varied diet to promote their health and respect their personal preferences. People chose from a variety of meal and drink options each day; we observed staff asking people what they would like for their lunch and tea during the morning of the inspection.
- Where people required a special diet because of medical or cultural reasons, this was catered for. The cook was knowledgeable about people's dietary requirements and people's care records contained clear information about their dietary needs and preferences.
- People and their relatives were positive about the food options. Comments included, "The food is marvellous here we get lots of choice. I can have drink when I want and request waggon wheels and crisps, we have a breakfast club 9-10 people go in there because they can eat somewhere where it's quieter", "I like a drink of amaretto and coke and the staff make them for me" and "The foods really good we get a good choice."
- Staff maintained oversight of people at risk of malnutrition or dehydration. Staff recorded the food and fluid intake of people assessed to be at nutritional risk. Where people were not consuming enough food and fluid, this was closely monitored, and advice sought from relevant community health professionals.
- We observed part of the lunchtime meal service during this inspection. The dining area was welcoming; tables were nicely set with tablecloths, cutlery, glasses and flowers. The food looked appetising and appealing. We observed some people needed help with eating and this was provided discreetly and respectfully.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support:

- Staff worked with other organisations to deliver effective care and support to people. Staff sought advice from community health professionals such as GP's and speech and language therapists. This supported staff to achieve good outcomes for people and helped people maintain their health.
- People were positive about the support they received to maintain their health. Comments included, "They look after you well, when I needed to go to the hospital the staff were absolutely fantastic, and someone came with me to support me. I can see a doctor when I want, and the staff respond if they don't, I tell them again." One relative told us, "My [relative] gets chest infections regularly and is sent to hospital straight away,

it's picked up quickly by the staff. They have a physio and she is marvellous she has [relative] standing and on the exercise bike, they have done more for him than the last place [relative] was at."

Adapting service, design, decoration to meet people's needs:

- At the last inspection although regular checks of the building were carried out to help keep people safe, we saw no action had been planned to enable people to access the garden area safely. If people and relatives chose to access this area, there was a notice stating they did so at their own risk. At this inspection we found that the provider had made some improvements to the premises. Parts of the home had been redecorated, a new sluice and assisted bath had been provided to better meet people's needs and the garden area had been paved to provide access. However, there were still parts of the service that required improvement. We spoke to the registered manager and they shared with us a service improvement plan which showed timescales of when and how the work was to be completed.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good People were supported and treated with dignity and respect; and involved as partners in their care.

At our last inspection on 11 January 2018, this key question was rated "requires improvement". At this inspection we found improvements had been made. Therefore, the rating for this key question has increased to "good".

People and relatives told us they were treated with 'dignity and respect' and the staff were 'friendly and approachable.'

Respecting and promoting people's privacy, dignity and independence:

- Staff were respectful of people's privacy and treated people with dignity and respect. For example, staff knocked on doors before they entered bedrooms or toilet areas. The provider had an effective policy in place regarding privacy and dignity, which supported the staffs' practice in this area.
- People's care records were locked away safely and securely so only people who needed to read them could access them.
- People were encouraged to maintain their independence. Their care records explained what they could do for themselves and what they needed staff to support them with. Our observations during the inspection showed staff promoted people's independence and they provided appropriate encouragement to people to complete tasks for themselves.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind and caring and they felt well treated by staff. Comments included, "My honest opinion is they are absolutely fantastic and caring," "Yes everything is nice about living here and I like the staff a lot. They help you a lot and I don't have a bad word to say about them" and "I think they do an excellent job and can't fault them it's like one big happy family."
- Staff treated people as individuals and their choices and preferences were respected. Staff demonstrated a good knowledge of people's personalities, individual needs and what was important to them.
- The service welcomed people's relatives and friends into the home to support people to maintain important relationships. We observed staff at all levels had developed relationships with people's families. One relative told us, "I am happy with the care my [relative] receives and their medical needs are attended to very well, if [relative] is not well they ring me and let me know. They are obliging and flexible I feel my [relative] is safe here and I am happy to talk to the manager if something is not right I have confidence in her."
- All staff told us they would recommend Mickley Hall to family and friends. Staff felt the service provided a good quality of care and people were well treated by a staff team who cared for them. All staff told us they enjoyed their jobs, and this was evident from our observations during the inspection.
- Through talking to staff and reviewing people's care records, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were

respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

Supporting people to express their views and be involved in making decisions about their care:

- People receiving support and their relatives were invited to take part in reviews of their care. This gave them the opportunity to have input into the development of their care plans and to explain their needs, wishes and choices so they could be recorded and acted upon.
- Where people struggled to communicate verbally, the service accessed communication tools such as audio tapes, picture boards and large print. This supported people to remain involved with decisions about their care as far as possible.
- The registered manager was aware of the need to consider arranging the support of an advocate if people did not have any family or friends to support them. An advocate is a person who would support and speak up for a person who does not have any family members or friends who can act on their behalf.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

At our last inspection on 11 January 2018, this key question was rated "requires improvement". At this inspection we found improvements had been made. Therefore, the rating for this key question has increased to "good".

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People's care records were person-centred and accurately described what support they needed from staff. Care plans provided detail about each area of support people required, such as support with nutrition and hydration, mobility and medication. They described how staff should care for each person, to promote their physical and mental wellbeing.

People's care plans were reviewed monthly or sooner, if a person's needs changed. This helped to make sure people consistently received the correct level of care and support.

- Care records clearly documented people's likes, dislikes and social histories. This supported staff to get to know people well and provide a personalised service.
- The service identified, recorded and shared relevant information about people's communication needs, as required by the Accessible Information Standard. The Accessible Information Standard aims to make sure that people with a disability, impairment or sensory loss are given information in a way they can understand. People's communication needs were assessed when they moved into the home and were kept under review. This helped to make sure people were provided with information in the right format, so they could remain actively involved in making decisions about their care.
- Mickley Hall provided a range of activities for people living in the home. People took part in these according to their personal preference. The activity programmed was developed based on people's preferences. People gave us mixed feedback about activities. Comments included, "We go out shopping to Meadowhall or crystal peaks we do trips in the summer" and "I like living here but I would like to go out more, make friends with people."
- During the inspection we observed periods of time where people were engaged with staff in conversation or where they were taking part in activities arranged by the activity coordinator.

Improving care quality in response to complaints or concerns:

- The provider had an appropriate complaints policy and procedure in place. It explained how people and their relatives could complain about the service and how any complaints would be dealt with.
- People we spoke with told us they had no reason to complain however they all knew how to make a complaint should they need to. One relative told us, "I am happy to talk to the manager if something is not right I have confidence in her."

End of life care and support:

- The provider had systems in place to support people at the end of their life to have a comfortable,

dignified and pain-free death.

- Where appropriate, people had care plans in place which described how they wanted to be cared for at the end of their life. These plans described the care and support people wanted to receive from staff, the level of involvement people wanted from their families and any cultural or religious guidance they wanted staff to adhere to.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection on 11 January 2018, this key question was rated "requires improvement". At this inspection, we found the service had taken steps to improve the governance of people's care to ensure quality outcomes. Therefore, the rating for this key question has increased to "good".

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- The registered manager was keen to promote the provision of high-quality, person-centred care. We observed a positive, welcoming and inclusive culture within the home which was driven by the registered manager.
- A relative told us the management team were 'approachable and supportive' when their family member moved into Mickley Hall. We observed the registered manager and senior staff were accessible to people, relatives and staff throughout this inspection. People told us, "I am happy to talk to the manager if something is not right I have confidence in her" and "I don't have any concerns and we have a nice manager and things have got a lot better since they came."
- Staff we spoke with told us the registered manager was approachable and that they would be able to raise any topic with them and that they would be listened to. Staff told us the home had an open and transparent culture. All staff were comfortable raising any concerns or ideas with the management. The registered manager and staff were clear about their roles, and understanding quality performance, risks and regulatory requirements. All staff felt well supported by the registered manager and they provided positive feedback about how the service was run.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care:

- At the last inspection the provider had not ensured CQC were being informed about all notifiable incidents and circumstances in line with the Health and Social Care Act 2008. At this inspection we found that the registered manager was aware of their obligations for submitting notifications to CQC in line with the Health and Social Care Act 2008. The manager and records we reviewed confirmed notifications were appropriately submitted.

At the last inspection we found a breach Regulation 17 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014, Good governance. This was because there was conflicting information in people's care records.

- At this inspection we found a quality assurance policy was in place and saw audits were undertaken as part of the quality assurance process, covering all aspects of the running of the service. Records seen showed the registered manager undertook regular audits to make sure full procedures were followed. For

example, they audited a sample of care plans every month and completed a detailed audit of the medication administration system. Where audits identified something could be improved, the registered manager created an action plan to help ensure the improvements were implemented.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- People, their relatives and visiting professionals were asked to complete surveys to obtain their views of the service. The results were analysed by the provider and used to continuously improve the service. Action plans were created where necessary.

Working in partnership with others:

- The registered manager welcomed community organisations and visiting professionals into the home which enabled the service to work in partnership with them. We saw social care professionals visit the home on the day of inspection.
- The service worked with other agencies such as the local authority and local clinical commissioning group who commissioned care for some people living in the home.
- The service had an open and transparent culture within the home, with the CQC rating from the last inspection on display in the entrance and on the services website.