Croftwood Care UK Limited

Greenacres Residential Care Home

Inspection report

Green Lane
Standish
Wigan
Lancashire
WN6 0TS

Website: www.minstercaregroup.co.uk

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15 October 2018

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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 was the first comprehensive inspection we had undertaken at Greenacres Residential Care Home. This was because the provider (Croftwood Care UK Limited) re-registered with CQC in November 2017.

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

On the first day of our inspection we noted several environmental risks around the home which, if not addressed quickly, had the potential to place people at risk of harm. This included the kitchen and laundry area not being secure early in the morning when staff were in other parts of the home assisting people. We also noted four upstairs bedroom windows did not meet the HSE (Health and Safety Executive) guidance and although fitted with restrictors, opened to a gap of more than 100mm. This presented the risk of somebody being able to fit through and hurt themselves.

Medicines were managed safely, although we observed on two occasions that the medication trolley was not always secured appropriately during medication rounds. This included the keys being left in the door and the medicines trolley door being left open when staff were not always watching the trolley.

Confidential information such as care plans and staff recruitment /supervision records were not being stored securely and could be easily accessed as cupboards were not locked.

We discussed these issues with the registered manager during the first day of the inspection and found prompt action was taken to address the concerns when we returned for our second visit.

The premises were being well maintained, with regular servicing checks of equipment and the building carried out. The home was clean and tidy throughout, with infection control procedures followed as required.

People who used the service and their relatives told us they felt the service was safe. There were appropriate risk assessments in place for people, with guidance on how to minimise risk. Staff recruitment was robust with appropriate checks undertaken before staff started working at the home.

We found staff received sufficient training, supervision and induction to support them in their role. The staff we spoke with told us they were happy with the training they received and felt supported to undertake their work.

We found the home worked closely with other health professionals and made appropriate referrals if there were concerns. Details of any visits from other professionals were recorded within people's care plans.

Appropriate systems were in place regarding deprivation of liberty safeguards (DoLS) and the mental capacity act (MCA).

People told us they enjoyed the food and we saw people being supported to eat and drink, throughout the day.

We received positive feedback from people we spoke with about the care provided at the home. Visiting relatives said they had no concerns with the care being delivered at the home. People said they felt treated with dignity and we observed staff treating people with respect during the inspection.

Each person living at the home had their own care plan in place which provided an overview of their care requirements and any associated risks.

There were a range of different activities available to participate in and people told us there was enough to keep them occupied during the day.

We found complaints were responded to appropriately, with compliments also collated where people had expressed their satisfaction about the care provided.

Staff meetings took place, giving staff the opportunity to discuss their work and raise any concerns about practices within the home. We observed a staff handover taking place, where an update was provided about people's care needs from that shift.

Staff spoke positively about management at the home and said the manager was supportive and approachable.

A range of auditing systems were in place to monitor the quality of service being provided.

Policies and procedures were in place and were being reviewed regularly to ensure the information was still current.

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, although we asked the registered manager to address several issues following the first day of the inspection relating to the environment and the safe storage of medication. This was done promptly.

There were enough staff to care for people safely.

People living at the home said they felt safe and staff understood their responsibilities with regards to protecting people from abuse.

Staff were recruited safely with appropriate checks carried out before they started work.

Is the service effective?

Good

The service was effective.

Appropriate systems were in place regarding DoLs and the MCA.

Staff told us they received sufficient training, induction and supervision to support them in their roles.

We observed staff seeking consent from people throughout the inspection.

Is the service caring?

Good

The service was caring.

People who lived at the home and visiting relatives made positive comments about the care being provided.

People were treated with dignity and respect.

We observed caring interactions between staff and people living at the home.

Is the service responsive?

Good

The service was responsive.

People's care plans were completed with good detail about their care needs and preferences.

Complaints were responded to appropriately.

Activities were available to people to participate in if they wished to.

Is the service well-led?

Good

The service was well-led.

The home had systems in place to monitor the quality of service being provided.

Everybody we spoke with made positive comments about management and leadership within the home.

Staff meetings and handovers took place so that staff could discuss their work and raise any concerns.

Greenacres Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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. The inspection was undertaken because we had not inspected Greenacres since the re-registration with CQC in November 2017.

This inspection took place on 11 and 15 October 2018. The first day was unannounced, however we informed staff we would be returning for a second day to complete the inspection and announced this in advance. The inspection was carried out by one adult social care inspector from the CQC on both days.

Prior to the inspection we reviewed all of the information we held about the home in the form of notifications, previous inspection reports, expected/unexpected deaths and safeguarding incidents. This would indicate if there were any particular areas to focus on during the inspection.

During the inspection we spoke with a wide range of people, including the registered manager, area manager, five people who lived at the home, two visiting relatives and four care staff. We reviewed certain records in order to help inform our inspection judgements.

Records looked at included five care plans, three staff personnel/recruitment files, six Medication Administration Records (MAR), training records, building/maintenance checks and any relevant quality assurance documentation. This helped inform our inspection judgements.

We undertook a SOFI (Short Observation Framework Inspection) on Langtree unit to establish how staff communicated and interacted with people who may not be able to share their views due to living with dementia.

Good

Is the service safe?

Our findings

The people we spoke with told us they felt the home was a safe place to live. One person said, "Oh yes, I never have anybody bothering me." Another person said, "I have no concerns regarding safety. They always respond well if someone has a fall." Another person added, "Yes it is a safe and secure place to live." A visiting relative also commented, "Dad has had a few falls, but they were handled very well and gave me piece of mind."

On the first day of our inspection we noted several environmental risks around the home which, if not addressed quickly, had the potential to place people at risk of harm. This included the kitchen and laundry area not being secure early in the morning when staff were in other parts of the home assisting people. We also noted four upstairs bedroom windows did not meet the HSE (Health and Safety Executive) guidance and although fitted with restrictors, opened to a gap of more than 100mm. This presented the risk of somebody being able to fit through and hurt themselves. We discussed these issues with the registered manager during the first day of the inspection and found prompt action had been taken to address the concerns during our second visit.

We looked at how medication was managed. We looked at the medication administration records (MARs) belonging to six people living in the home. Records of administration were completed for all medicines and we did not identify any missing signatures. We checked a sample of people's medication and found none were left from previous dates which had not been administered. Protocols (extra written guidelines) were in place for people prescribed a medicine 'when required'. Protocols described each person's specific needs and another form was used to record the person's response to the medicine. This enabled staff to give 'when required' medicines for anxiety, pain and other conditions safely and effectively.

Staff applied people's prescribed creams and recorded their use on separate charts. Creams and thickening agents were kept in locked cupboards to protect people from harm and unsafe usage.

Medicines were stored safely in a secure treatment room when not in use, although we observed on two occasions that the medication trolley was not always secured appropriately during medication rounds. This included the keys being left in the door and the medicines trolley door being left open when staff were not always present. We raised this concern with the registered manager during the inspection, who took prompt action to address the concern.

The temperatures of the medicines storage room and medicines refrigerator were monitored in the right way to ensure they were at the correct temperature and remained safe to use. Controlled drugs (medicines subject to stricter legal controls because they are liable to misuse) were stored and recorded in the way required by law. We checked controlled drugs (CDs) and found that stock balances were correct and accurately recorded .

We checked to see there were sufficient numbers of staff working at the home to care for people safely and viewed a sample of the home's staffing rotas. The staffing ratio on shift consisted of a team leader and two

care assistants at night and a team leader and three care assistants during the day. In addition, there were also staff who worked in the kitchen and cleaners who undertook domestic duties, as well as additional support from the deputy manager. This was to provide care and support to 40 people. Certain people spent the majority of their day in the main lounge areas and we observed there was a staff presence in this room at all times to support people as required. Others spent the day in their bedroom and we observed staff checking on people in their rooms to see if there was anything they needed and bringing them drinks. We observed people being supported in a timely manner with tasks such as mobilising around the home, being assisted to the toilet and being supported to eat their meals.

Staff spoken with during the inspection said staffing levels were sufficient for the number of people currently living at the home. One member of staff said, "We always have three staff on at night. That is enough, as most people sleep through the night and don't need much care apart from checks." Another member of staff said, "We manage with three staff at night." Another member of staff told us, "I think staffing is okay. A lot of people are independent, so we do manage." A fourth member of staff added, "It is fine to be honest and I work on both units. There are enough staff to meet people's care needs."

We looked at how the service managed risk. Each person's file we looked at included a series of risk assessments which contained appropriate information to manage any risks posed to them. . Risk assessments in place covered areas such as waterlow (for people's skin), mobility and nutrition. People's care plans also contained detailed information about how risks could be mitigated. For example, where people were at risk of falls and needed to use specific equipment, such as walking sticks/frames, this was always available for them during the inspection. People at risk of developing pressure sores had appropriate equipment in place, such as pressure relieving cushions and had prescribed creams applied by staff to help reduce the risk of skin break down.

Appropriate systems were in place to monitor accidents and incidents. These were investigated and preventative measures put in place to keep people safe and mitigate any further risk. Monthly trends analysis was also completed to monitor any re-occurring events, such as repeated falls. Personal emergency evacuation plans (PEEPs) had been completed for each person and provided emergency services and staff with an overview of how people needed to evacuate the building safely.

Staff recruitment was safe. We looked at three staff recruitment files and noted they contained documents and checks such as photographic identification (ID), application forms, references, interview questions/responses and job offer letters. DBS checks were also undertaken to ensure that new applicants did not have any criminal convictions that could prevent them from working in a care setting with vulnerable people. We noted that all of these checks had been carried out in advance of staff commencing employment.

There were systems in place to safeguard people from abuse. These included having a safeguarding policy and procedure for staff to refer to if they encountered any allegations of abuse. The training matrix showed staff had received training relating to safeguarding and staff spoken with demonstrated a thorough understanding of how to recognise signs of abuse and report their concerns. Staff told us they were aware of whistleblowing (used to report any bad practice within the home) procedures and said they would not hesitate to use them.

The premises and equipment were well maintained and we saw certificates and relevant documentation of any work that had been completed. These included checks of electrical installation, fire alarms, legionella, portable appliances, hoists/slings and fire equipment. Any remedial work or recommendations had been followed up on to ensure the premises were safe to be used by people living at the home.

We looked at the systems in place with regards to infection control. We observed domestic staff undertaking various cleaning tasks the morning of our inspection and noted that the home smelt fresh with no odours present. We checked in bedrooms, toilets, bathrooms and communal areas and found they were clean and tidy and staff wore appropriate personal protective equipment (PPE) to reduce the risk of any infections being spread.

Good

Is the service effective?

Our findings

People living at the home told us they felt staff had the correct skills to provide effective care. One person said, "The staff are great and definitely know what they are doing." Another person added, "They are very competent at what they do from what I can see."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found DoLS applications were made where people had been assessed as lacking the capacity to consent to the care and treatment they received, although a number of DoLS applications were still 'pending' with the local authority to carry out an assessment. We spoke with the registered manager about ensuring they maintained an audit trail regarding following these applications up and we were given assurances this would be implemented.

Where people living at the home had potential restrictive measures in place and lacked capacity, such as the use of sensor mats to help prevent falls, decision specific assessments were carried out to establish if people were able to understand their use. Best interest meetings/discussions had been held where necessary if people were unable to make their own choices and decisions and had involved people's families who acted as their lasting power of attorney. Lasting power of attorney means that friends or family members take responsibility for providing consent to people's care and treatment if they lack capacity.

During the inspection we observed staff seeking consent from people prior to providing any assistance with tasks such as moving into comfortable chairs and the use of aprons at meals times to protect people's clothing if they spilled their food. Signed consent forms were also used, giving people the opportunity to state if they were happy to receive care and treatment from staff at the home.

We looked at how people's nutrition and hydration needs were being met. We saw people had nutrition care plans and risk assessments in place providing an overview of their dietary needs. People's body weight was kept under review, with some people needing to be weighed on either a weekly or monthly basis. Nutritional assessments were completed and provided an overview of the level of risk presented to people regarding their nutritional status, with referrals made to other health professionals such as dieticians and speech and language therapists (SaLT) where people were deemed to be at risk.

At the time of the inspection, nobody living at the home required modified food or drink to prevent the risk of choking and we found this to be the case when we were looking at the care records of people who lived at the home.

We saw the home responded appropriately where people had lost weight and provided people with prescribed drink supplements to help them either maintain or gain weight. These were clearly documented on people's MAR charts when they had been given. The registered manager completed a monthly audit of people's weight and any actions taken if people had lost weight.

We observed the lunch time meal on both units of the home to look at how people were supported to eat and drink. We saw people's independence was promoted at meal times, with people being encouraged to eat their own meals if they were able to. Tables were set with condiments in advance of the meal, with staff available to assist people as required. The people we spoke with made said they liked the food available at the home. One person said, " I am satisfied with the food." Another person said, "The food is quite good I would say."

Newly recruited staff followed a formal induction programme and were required to undertake a range of mandatory training when they commenced employment. Staff also told us they were introduced to other residents and were given the opportunity to 'shadow' existing and experienced members of staff to gain an understanding of the role. The care certificate was also completed for staff who had not worked in a care setting previously. The care certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It's made up of the 15 minimum standards that should be covered if staff are 'new to care' and forms part of the internal staff induction

We looked at the training staff were provided with to support them in their roles, with both practical and computer based training available. The current training matrix showed staff had received training in areas such as moving and handling, safety, safeguarding, infection control, first aid, COSHH (Control of Substances Hazardous to Health), health and safety, medication and MCA/DoLS. Each member of staff we spoke with told us they were satisfied with the level of training available at the home.

Staff received supervision to support them in their role and we saw records of this documented. Regular supervision meant staff were supported to discuss any concerns regarding staff or residents, their own development needs and encouraged to make suggestions for continual improvement. Staff appraisals were also carried out where staff had worked at the home for longer than a 12 months period. This enabled staff to receive feedback on their performance during the year and evaluate their own performance and how they felt they were progressing.

People were supported to maintain good health. Staff at the home worked closely with other health care professionals and we saw referrals were made to services such as the falls prevention team, dieticians and podiatry service, if there were concerns about people's health or safety. Details of any visits from other professionals was recorded within people's care plans.

Good

Is the service caring?

Our findings

We asked people living at Greenacres for their views and opinions of the care they received and if they felt staff were kind and caring towards them. One person said, "I have lived here for two and half years and they have been alright with me so far. They are looking after me well and I am satisfied." Another person said, "I have absolutely no problems and I am happy, put it that way." Another person said, "It's very good really. If you ask for something, they do their best to get it for you. Overall the service is very good and they are very helpful."

The visiting relatives we spoke with also told us they were satisfied with the care being provided at the home. One relative said, "Very good, it's excellent. They are very respectful towards my wife and myself and they are all very good. " Another relative said, "I am extremely happy with the care here and I wouldn't have left dad here if that was not the case. We chose the home following recommendations from others and as soon as I walked in, we knew this was the right place."

People who lived at the home and relatives told us staff were caring.. One person said, "The staff are alright from my point of view and are definitely kind and caring." Another person said, "The staff are nice and do their best. I don't think they could do any better." A relative also told us, "They are absolutely kind and caring. They are all very dedicated without exception." Another relative said, "Dad celebrated his birthday recently and they made a real fuss of him. They did a buffet of food and really went above and beyond to make sure the day was special."

We noted there were a range of compliments made about the quality of care delivered at the home. Some of them read, 'Thank you for the respect and kindness during my recent stay at the home. I would have no hesitation in coming back' ; 'Thank you so much for everything you have done for mum' ; 'Many thanks for the wonderful treatment given to mum whilst in your care' and 'Thank you for taking care of mum so well for the last three years. She loved you all and you were like extended family'.

People were dressed appropriately and we did not see anybody looking unclean or unkempt, with staff maintaining records of when people had received a bath, shower and full body wash. One relative said to us, "Whenever I visit the home, dad is always clean and well presented. He is always wearing clean clothes and goes to hairdressers for a haircut."

We saw staff acting in a kind and caring way towards people who lived at the home and sharing light hearted banter. On one occasion, a member of staff noticed a person had their jumper on both inside out and the wrong way round. They immediately assisted them to a private area of the home to help them get changed and shared a joke about the person's clothing, which made the person laugh.

During the inspection we observed staff treating people with dignity and giving them privacy if they needed it. People told us they felt well treated and were never made to feel uncomfortable or embarrassed. We observed staff knocking on people's doors before entry and then closing it behind them. A person living at the home said, "Yes they are very respectful, certainly towards me."

People's independence was promoted by staff and we saw people being able to walk around the home on their own, using equipment such as walking sticks and eat their own meals if they were able to. People were able to make choices about how they spent their day, whether this be in the lounge area, or the comfort of their own bedroom.

There were systems in place to facilitate communication between staff and people who lived at the home. People's care plans provided an overview of their communication requirements and if they needed any specialist equipment such as glasses or hearing aids. Where these were needed we saw people wearing them as required during the inspection.

The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. Signage was clear and of a suitable size with good contrast between the text and the background to allow them to be read more easily. At the time of the inspection, there was nobody living at the home who required information in different formats, although we were informed this would be sourced and used if this was a requirement.

People's equality, diversity and human rights were respected and recorded as part of the care planning process. At the time of the inspection, there was nobody living at the home who had any specific cultural requirements, with people mainly being of white British ethnicity. People of all faiths were welcome at the home and we were told their religious beliefs would be taken into account as required.

Good

Is the service responsive?

Our findings

People living at the home told us they received a service that was responsive to their needs. One person said, "I am getting all the care I need here and the staff help me with things all the time. I couldn't do without them."

People received care that was person centred and in line with their preferences and choices. During the inspection, we saw several examples of where the home had been responsive to people's care needs. We looked at five people's care plans to determine if people's assessed care needs were being delivered. We found this to be the case. For example, in one person's care plan, it stated the person often became cold and wanted to wear warm clothing. During the inspection we saw they were dressed in thick cardigans meaning their preference had been respected. They also required staff to ensure they were wearing their glasses at all times, required prescribed creams for their skin and specific medication to assist their continence, as well as daily eye drops at night. Documentation maintained by the home and observations demonstrated their care plan was being followed.

In another person's care plan, it stated they enjoyed porridge and Weetabix for their breakfast and their food intake charts showed they ate this on a daily basis. They also liked to be dressed smartly and needed staff to ensure they were wearing their hearing aid all times. We observed they were wearing a smart jumper and shirt and were cleanly shaven, whilst also wearing their hearing aid. We saw staff speaking closely into their ear so they could hear what was being said. This person was also at risk of falls and needed a sensor mat in their bedroom. We observed they went for a sleep at lunch time and we saw staff placed the mat on the floor to alert them if they tried to get up without assistance.

Before people moved into the home, an assessment of their needs had been carried out. This enabled staff to establish the care and support people needed. Each person living at the home had their own care plan in place, covering areas such as mobility, nutrition, hygiene, skin integrity, continence and sleeping. During the inspection we looked at five people's care plans, which provided a detailed overview of the care staff needed to deliver to people. These care plans were reviewed each month to ensure the information was still an accurate reflection of people's care needs. 'Past experiences' documents were also completed and captured person centred information about people, such as their parents background, schools attended, memorable places, work and hobbies/interests.

There were activities available within the home if people wished to take part. An activity board was displayed on the ground floor corridor, informing people of what was going on during the week. This included bingo, crafts/games, book club and board games. People were also able to choose 'spontaneous' activities of their choice. During the inspection we observed an entertainer singing in the lounge, which was well attended by people living at the home. People told us their was enough going on at the home to keep them occupied. One person said, "Activities are a regular thing and they are most entertaining. There is always something going on."

There were systems in place to involve and seek/respond to feedback from people living at the home,

relatives and also staff, in the form of satisfaction surveys and residents/relative meetings. This gave people the opportunity to raise any concerns about the service, or provide feedback about things that were working well so the home could continually improve.

We looked at the systems in place to investigate and respond to complaints. A central log of any complaints made was held within the home, including details about who had raised the complaint, what the issue was, details about the investigation and the outcome. We saw that where any complaints had been made, a response had been provided with any actions to be taken. A complaints policy was in place, which explained the process people needed to follow. The people we spoke with during the inspection had never needed to make a complaint, but were aware of the process to follow, should they be unhappy with the service provided.

We looked at the systems in place regarding end of life care. People had end of life care plans in place, capturing information about people's preferences in the event of death such as people to inform, funeral arrangements and if they wished to be buried, or cremated. Anticipatory medicines (used when people are approaching end of life) were in stock and ready to be used by staff when required.

People living at the home were supported to maintain relationships as much as possible, with no restrictions on visiting times. One relative told us how they visited their wife each day, with the staff cooking them their tea each evening so they could spend more time in the home.

Good

Is the service well-led?

Our findings

There was a new registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like the registered provider, 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.

Greenacres is owned by Croftwood Care UK Limited, with a head office based in Surrey. A staffing structure was in place and the work of the registered manager and staff was overseen by a provider representative, who visited the home to see how things were going and carry out audits to ensure standards were being maintained. The registered manager was further supported by a deputy manager, team leaders and care assistants, some of whom had worked at the home for a number of years and displayed a detailed knowledge of people's care needs. The home also employed maintenance, domestic and kitchen staff who carried out their duties around the home as required.

The home used a keyworker system, meaning individual staff had responsibility for specific people living in the home. The key worker system provided a point of contact for people and their families regarding their care and each key worker had responsibility for the content of people's care plans. Staff handovers took place between day and night staff to ensure any concerns, or changes to people's care needs could be communicated effectively and we observed these taking place during the inspection.

The staff we spoke with during the inspection told us there was a good culture amongst staff. We observed staff working well together and assisting people with their care such as assisting people at meal times and helping people in their bedrooms. Staff told us they were happy working at the home and felt well supported in their roles.

We received lots of positive feedback about management and leadership within the service. The feedback we received, without exception was that the registered manager was approachable, supportive and responsive to any issues that were raised. One member of staff said, "The manager is nice, as are all the staff. I feel well supported and am able to ask questions if I am struggling with anything." Another member of staff said, "I feel the home is well managed. I feel supported and they do their best to help you." Another member of staff said, "Really good and the manager is very approachable. If you are finding things hard, you can go in and have a chat."

We looked at the systems in place to monitor the quality of service being provided to ensure good governance. A range of internal audits were in place that were completed by the registered manager, covering areas such as the building/maintenance, meal times, medication and infection control. Spot checks of night staff were also undertaken to ensure high standards were being maintained. Team meetings (for both day, night, domestic and kitchen staff) also took place, giving staff the opportunity to raise any concerns effecting their work and receive feedback about aspects of their work.

The home had policies and procedures in place which covered all aspects of the service. These were

developed and updated by the provider. Staff were aware of where these documents were kept and how to access them should they require any advice, or support.

On the first day of our inspection we found confidential information such as care plans and staff recruitment /supervision records were not being stored securely and could be easily accessed.. This meant people who were not authorised could see people's personal information. This was addressed by the registered manager by the time we carried out our second visit, with the cabinets being locked when not in use.

Registered care providers must submit statutory notifications to CQC when certain incidents such as safeguarding concerns, serious injuries and expected/unexpected deaths occur. This enables to follow these up accordingly and make further enquiries if needed. We found the registered manager submitted notifications to CQC as required.

The ratings of previous CQC inspection must be displayed within the home and on any corresponding websites operated by the provider. This is to enable people using the service and their relatives to know the standards of care being provided. We will review this at our next visit, due to the fact this was the first inspection of the service since the provider re-registered with CQC in November 2017.