Stockport, East Cheshire, High Peak, Urmston & District Cerebral Palsy Society

Cheddle Lodge

Inspection report

29 Ashfield Road
Cheadle
Stockport
Greater Manchester
SK8 1BB

Tel: 01614285189
Website: www.stockportcp.co.uk

Date of inspection visit:
21 March 2018
23 March 2018
27 March 2018

Date of publication:
16 October 2018

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 21, 23 and 27 March 2018 and was unannounced on the first day. We last inspected the service in July 2016 when we rated the service as good. This inspection was prompted by information we received from the service regarding a serious incident; we are making further enquiries in relation to this incident.

At this inspection we found the provider was in breach of four regulations of the Health and Social Care Act 2014. You can see the action we have told the provider to take at the end of this report.

Cheddle Lodge is a 'care home' People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided and both were looked at during this inspection.

Cheddle Lodge is registered with CQC to provide accommodation for 13 people who require support and care with their daily living. The home is a single storey building situated in Cheadle, Cheshire.

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

On our inspection we found some shortcomings in the safety within the home. Some hot surfaces posed a scalding risk to people, the electrical Portable Appliance Testing (PAT) had expired and we observed a fire door in the home being propped open which could have allowed unauthorised people into the home. When these were raised with the registered manager they were immediately addressed and measures put in place.

We also found some support workers had not received update training meaning their practices may not be in line with current best practice.

People's consent was sought before any care or support was given. The authorisation for some people's Depravation of Liberty Safeguarding (DoLS) had expired and new applications were submitted when this was raised with the registered manager.

People told us they felt safe. Support staff were able to explain the process for reporting any suspected abuse. Support staff told us they felt happy to raise any concerns they had.

We found staffing levels to be appropriate and staff had time to spend with people and the care given was unhurried. Appropriate checks were made on applicants before they started work.

People's medicines were managed safely and in line with national guidelines. The home worked well with

the local pharmacy and had procedures in place to prevent the over-ordering of medicines that the home had sufficient stocks of.

During the inspection we saw people being offered choices in all aspects of their daily living and their choices were respected.

Meals were freshly prepared in the home. At weekends the chef baked cakes and decorated them as the people living in the home requested. We saw people being supported patiently to ensure they ate and drank enough.

Bedrooms in the home were individually decorated according to the person's choices. A senior support worker explained the rooms were decorated before people moved in but the person moving in, their family and their key worker were encouraged to make it look and feel as homely as possible.

We saw people being treated with care and compassion throughout our inspection. It was evident that the staff in the home knew the people living there very well. Staff were able to understand people's non-verbal communication to ensure their needs were being met. People were encouraged to be as independent as possible.

People's care records were detailed and contained a lot of information about the person's background and preferences. Staff told us these were very useful either when new staff started or new people moved in for people to get to know each other.

Staff spoke highly of the registered manager in the home and the culture they promoted. Staff told us they felt happy speaking to the registered manager if they had any concerns either with individuals or the service generally and they felt they would be listened to.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. During our inspection we noted hot surfaces that posed scalding risks, expired Portable Appliance Testing (PAT) and some open doors that could have allowed unauthorised people to access the home. These issues were addressed during our inspection.

People told us they felt safe and staff were confident in identifying any signs of abuse and felt happy raising concerns.

Lessons had been learned where things had gone wrong and changes to procedures had been communicated well to staff.

Is the service effective?

Requires Improvement

The service was not always effective. Some support workers had not received update training meaning their knowledge and work practices may have been out of date.

The authorisation for the restriction of some people's liberty had expired. This was resolved during our inspection.

People's needs and choices were assessed and kept under regular review.

Is the service caring?

Good

The service was caring. People told us they felt treated with kindness and compassion.

We observed staff interacting in a patient and gentle manner with people living in the home.

People were supported to make what decisions they could about their care.

Is the service responsive?

Good

The service was responsive. People received care that was personal to them.

People were supported to take part in activities outside of the

home as well as within the home.

Arrangements were in place for people to receive appropriate care as they approached the end of their life.

Is the service well-led?

Requires Improvement

The service was not well-led. Issues relating to the safety of the home, the lack of update training and the expiration of the authorisation for the restriction of some people's liberty should have been identified by the home's quality and safety checks.

The manager encouraged an open culture where people felt able and supported to express their views.

Staff worked well together and treated each other with respect.

Cheddle Lodge

Detailed findings

Background to this inspection

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

The inspection was prompted in part by information received from the provider regarding a serious incident. Because of this concern the inspection was brought forward from its original scheduled date. This incident is still subject to investigation and as a result this inspection did not examine the circumstances of the incident and we are making further enquiries in relation to it. However, the information shared with CQC about the incident indicated potential concerns about the safety of equipment and processes within the home and this inspection did examine whether there were on-going risks to people.

The inspection took place on 21, 23 and 27 March 2018 and the first day was unannounced. The inspection team consisted of one adult social care inspector, one inspection manager and one 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.

Prior to the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider completed the PIR in line with the requested timescales.

We also contacted the local authority, the local authority safeguarding team and Healthwatch to seek their views about the service. The feedback from these agencies was they had no major concerns about the service. We also considered information we held about the service, such as notifications in relation to safeguarding and incidents which the provider had told us about.

As part of the inspection we spoke with two people living in the home, two relatives of people living in the home, five members of support staff, the chef, the registered manager and the Chief Executive. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at the recruitment records of four support staff, three people's care records and records relating to the running of the service which included staff rotas, records of accidents and other incidents, training records, servicing and maintenance records and quality audits and checks carried out.

Requires Improvement

Is the service safe?

Our findings

People we spoke with told us they felt safe. One person we spoke with told us; "Yes, they look after me very well." Another person we spoke with told us; "They always keep an eye on what is going on. The environment is a safe place." People using the service we spoke with told us they would feel comfortable speaking up if they had any concerns. The service had a safeguarding policy in place and support staff we spoke with were able to give examples of concerns they had raised.

At the time of our inspection we noted a number of radiators in the service were not covered and the hot surfaces could have posed a risk to people using the service. We discussed this with the registered manager who immediately arranged for radiator covers to be made and amended the form used to check hot surfaces to make it clearer that the temperature of the radiator surface should be recorded. A non-contact thermometer was bought so that people could take the temperature of hot surfaces safely.

The portable appliance testing (PAT) on electrical equipment was out of date. The manager took action and arranged for it to be completed during our inspection.

On our arrival on the first day of inspection we noticed one of the fire doors in the service was open. We discussed this with staff in the service who explained that the door was used for deliveries as it was the nearest door to the store room. The registered manager confirmed this was the case and explained that it was done to minimise the distance items had to be carried and also to save items being carried through the communal area and disturbing the people living there. During our inspection the registered manager documented the process making it clear that the door was not to be left unattended and that staff should ensure the door was secure after the deliver had been made.

Since our last inspection a new laundry room had been built in the home. The door to the laundry was not always locked. We discussed this with the registered manager who explained that the people who were living in the home were not able to access the laundry independently and so they were not at risk of coming into contact with cleaning materials. The registered manager arranged for a lock to be fitted to the door in preparation for any new people moving in who may have different mobility needs.

The above demonstrated a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe Care and Treatment.

People's belongings were kept securely and some bedrooms we saw had personal safes in which valuables could be stored. People we spoke with told us they felt confident that personal items were safe.

We saw records showing the moving and handling equipment was serviced and inspected regularly. Where people using the service needed other equipment such as suction machines there were specific charging points in their bedrooms and part of the routine of the night staff was to check the machines were functioning. Other safety checks such as fire drills were performed regularly and fire evacuation processes were clearly displayed throughout the home.

People's needs were assessed and their care records explained how the person should be supported to perform a variety of tasks safely for example, eating and drinking and taking medicines. People's care records contained information about the goals the person wanted to achieve and where risks had been identified plans had been put in place about how the person could be supported to achieve their goal whilst minimising the risk to them. People's assessments were kept in their bedrooms with a separate care record used to record their daily activities and wellbeing. This meant that the detailed information about the person was available if support staff needed it.

People we spoke with told us they felt there were enough staff to meet people's needs. One person we spoke with told us; "Yes, most of the time but sometimes people phone and can't get through." Members of staff we spoke with said; "We have enough staff here. You've got time to do the job and spend time with the clients. There are a lot of one to ones." Staff told us that if they did need extra staff for any reason they could call a nearby day centre run by the same organisation. Staff explained that a lot of people living in Cheddle Lodge used the day centre so the staff there knew them well.

The registered manager told us at the time of our inspection there was one vacancy for staff and that the service had their own bank staff that were used when required. The registered manager said; "We have very stable residents so we look at where we are with the people we have and the level of support we need. I can ask for more staff if we need them." During our inspection we saw support staff interacting with people in an unhurried manner and when people did need assistance their needs were met promptly.

The service demonstrated safe recruitment practices. We looked at the recruitment files of four people who had recently started work. The records showed appropriate checks, including checks with the Disclosure and Barring Service (DBS) were being made before support staff started work. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks helped to ensure only suitable applicants were offered work with vulnerable adults. Recruitment files held in the home did not contain recent photos of the worker however the registered manager confirmed photos were kept in the recruitment files held at the service's head office where the ID badges for staff were created.

People's medicines were managed safely in line with national guidelines. Assessments of the risks to people taking their medicines were reviewed regularly. Medicines were only administered by senior care staff who had received appropriate training from the local pharmacy. The pharmacy delivered people's medicines to the home and wherever possible they were put into blister packs to help reduce the risk of people not receiving the correct medication. Where medicines came in the form of liquid, bottles were clearly labelled with who the medicine was for and when the bottle had been opened.

On our inspection we found the home to be clean and in a good state of repair. People we spoke with told us they felt the home was clean. One person told us; "Oh yes [it's clean and tidy], the cleaners work from early morning until the afternoon." Support workers we spoke with understood their responsibilities for infection control and we observed them following good infection control procedures such as washing their hands and using disposable aprons and gloves when giving care. The kitchen in the home had been awarded a 5 star food hygiene rating by the local authority which means it was found to have very good hygiene standards.

Requires Improvement

Is the service effective?

Our findings

At our last inspection we found staff were not receiving formal supervisions on a regular basis which was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities). Staffing. At this inspection staff working in the home told us they were receiving regular supervisions and there were regular staff meetings at which they could raise concerns. Support worker records confirmed that staff were now receiving formal supervisions.

Support staff told us they felt the management of the home was very supportive. One support worker told us; "My supervisions are good, I feel listened to. Usually my senior does them but when they are of [the registered manager] does them. If we want to talk about anything there is always a senior there or [the registered manager] will be in their office. We can talk to them any time." Another support worker told us; "I feel absolutely supported."

Support workers underwent an induction in the home before they were allowed to work unsupervised in the home. One person we spoke with told us; "The induction was good. You spend two weeks shadowing and you're encouraged to read the care files as much as possible to get to know the people. The last bit of training before you start is the moving and handling so you've seen people do it a lot before you do it yourself." Another support worker told us; "For a few weeks it was a bit daunting but there was always someone there to help you gain skills and confidence."

Support staff told us the moving and handling was specific for the equipment and people in the home which they found very useful. One support worker we spoke with said; "The residents have their own slings so it's good to have a refresher."

Other mandatory training was provided through an on-line portal which support staff could either complete at home or on a computer at Cheddle Lodge which was available for staff to use. Support staff we spoke with had mixed views about the online training. Some people appreciated the flexibility it gave them about when they did the training however one person we spoke with said; "I'm not really up on computers and the system is hard to use at times."

Training records we saw showed that some support workers had not undergone update training in a number of areas such as safeguarding, food hygiene, fire safety and moving and handling. This meant that support workers knowledge and practice may not be in line with current standards.

This demonstrated a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing.

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 is 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 home was working within the principles of the MCA.

Where appropriate, applications had been made for DoLS authorisations, however the authorisations for some people had expired and had not been renewed. We raised this with the registered manager who applied for renewals for those people and provided evidence that applications for other people were in progress.

This demonstrated 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.

Best interests meetings were help for people where they weren't able to fully make important decisions for themselves. The registered manager explained that the person's key worker attended the meetings as they were the member of staff that knew the person best. Support staff told us that best interest meetings were mentioned during handover so other staff could mention things that they felt could be discussed during the best interest meetings. We saw minutes of a recent best interest meeting where the person's relative, their GP, district nurse and the key worker from the home attended.

During the inspection we observed support staff asking for people's consent and agreement before they assisted them to move or supported them with care. One support worker told us; "We speak to the people and give them a running commentary of what we're doing. One person doesn't seem to communicate but once you know her you can recognise what they want."

People's needs and choices were assessed and were kept under regular review. Each person living in the service had a key worker who had the responsibility for reviewing their support plans to ensure they were continuing to meet the person's needs. The registered manager told us the key worker would invite the people the person living in the home wanted to be involved in the review then discuss whether the plan was still relevant and whether it related to what the person wanted to do and whether the person's goals and aspirations were still what the person wanted.

Care records we looked at contained notes of regular reviews and although there was space for the person living in the home or their representative to sign their agreement of the support plan they were not signed. People we spoke with confirmed they had been involved in the support planning and review process. We recommend the service review it's arrangements for documenting the involvement of people in the care planning process.

Support staff in the home had undergone equality and diversity and training. People we spoke with told us that people's needs were considered on an individual basis and when support plans were being agreed their cultural and religious preferences were included.

People were supported to eat and drink and maintain a healthy diet. We observed meal times where people were supported to eat and were given time to eat and enjoy their food. People's care records contained information about their dietary requirements and whether they were on special diets. Support staff we spoke with were able to explain different techniques they had identified that would encourage different people to eat. We saw a range of adaptive plates and cutlery being used to help people eat more independently.

We spoke with the chef in the home who explained all the food was freshly prepared and local butchers and grocers made deliveries to the home four times a week to ensure ingredients were as fresh as possible.

The chef told us they involved people living in the service as much as possible when they were designing menus. They chef said; "We ask the people who can tell us what meals they would like and for those people who can't tell us we keep trying different things until we find something they really enjoy."

The chef had a good understanding of people's different needs and a copy of people's dietary assessments was kept in the kitchen. The chef told us that meals were adapted to suit the individual person for example using full milk if a person needed to gain weight or skimmed if they needed to lose weight.

When shifts changed in the home there was a comprehensive handover between staff. One support worker we spoke with told us; "We have a proper discussion and handover takes about 30 minutes. We go through each resident and their daily diaries."

In people's care records we saw where referrals had been made to GPs and other healthcare professionals like Speech and Language Therapists (SALTS) and District Nurses. Notes made by visiting healthcare professionals were kept in the person's care record. All the people living in the home were registered with the same GP meaning the GP could see more than one person on a visit. The registered manager said the GP and district nurses were very helpful in advising staff in the home.

People's bedrooms were personalised and decorated to the person's taste. The person's key worker took responsibility for liaising with the person's family to decorate the rooms or would arrange the decoration themselves if appropriate.

Good

Is the service caring?

Our findings

People told us they felt they were treated with kindness and compassion. A relative we spoke with told us; "They make them very comfortable." During our inspection it was apparent that the staff knew the people living in the service very well. One person confirmed; "Yes, they know me well." A support worker told us; "It takes a while but they are all individuals and have different needs. They are just like any other person but with them being less verbal it just takes a bit longer." Another support worker told us; "When you get a smile from someone and know you're doing it right you get a real buzz."

During our inspection we observed caring interactions between support staff and people living in the home. Support staff sat with people in the communal area and involved them in conversations by asking questions and identifying non-verbal responses. We saw that when people returned from a day centre they seemed pleased to see the staff and the staff asked them how their day had been and what activities they had done at the day centre.

People were involved in making decisions about their care. Support staff were able to demonstrate how they communicated with different people when they weren't able to speak. One support worker told us; "The more I work with [the person] I know what they want from their eyes. We ask [the person] to blink so they can choose things for themselves. Another support worker we spoke with told us; "When I started I used the care plans a lot, particularly the lifestyle section to make sure I was doing the right thing for each person."

People's privacy and dignity were protected. Staff explained how they ensured people's privacy when they gave care and gave examples of how they protected people's dignity when they assisted them with personal care. During our inspection we observed people being asked quietly whether they needed assistance with personal care or whether the person wanted a bath and if the person indicated they did then this was communicated quietly within the support team and the person was taken to their bedroom or bathroom and assisted in private.

Members of staff explained that people were encouraged to be as independent as possible. A member of staff we spoke with told us; "We make sure they have the right plates and cutlery at mealtimes so they can do as much as they can for themselves." Another member of staff told us; "We try to promote their independence. [A person in the home] can't really brush their teeth but they like to hold the brush so we make sure they have one when we support them with their teeth." Another person living in the home liked to take their own washing to the laundry room door and they were encouraged and supported to do so.

Good

Is the service responsive?

Our findings

People told us their choices and preferences were respected. A relative explained; "[My relative] prefers a bed bath as they get uncomfortable in the bath. [My relative] chooses when they want to have a bath." During our inspection we observed staff offering choice to people for all aspects of their daily living.

People's care records contained a high level of detail about their life history, cultural needs and preferences. A relative explained; "[My relative] decides what time they get up and sometimes chooses to stay up later at night." One support worker we spoke with told us; "[A person] loves having their nails done on a Saturday for going out on Sunday. We show [the person] the bottles and they choose which colour they want."

Relatives we spoke with told us there were a variety of activities for people to do. One relative we spoke with said; "They play cards, skittles, Wii games and listen to music." The relative we spoke with told us that people had been taken out on visits outside of the home to the Trafford Centre or for meals in restaurants and pubs. For people who had different needs, there was sensory stimulation equipment which a relative told us their relative enjoyed.

The registered manager told us someone came into the home to provide music therapy to the people there. The manager explained; "We try to support people to engage in activities outside the home rather than bringing too many people in. We have community support staff coming in to take people out. My belief is people should have a life outside Cheddle." The registered manager said that staff had supported two people to plan overseas holidays and that trips to music concerts were being arranged for later in the year along with regular trips to take people to football matches.

Many of the people using the service attended a day centre at which further activities were available and they were able to engage with people outside the home. Staff told us that if people wanted to go into Cheadle then they would go with them.

People were encouraged to maintain contact with relatives who were unable to visit by staff supporting them to make Skype calls to them.

People's communication needs were recorded and highlighted on a specific sheet in their care records. The care records were designed so they could be taken with the person if they went to another care setting such as hospital so the hospital would also be aware of their communication needs. Staff gave us examples of how they enabled people to access information such as reading it to them.

We saw how a leaflet explaining how people could complain had been adapted to an easy-read format. The registered manager told us how other forms were being adapted. They said; "We are reducing things down and making it more pictorial, for example the what I enjoy and not enjoy to do section is in pictorial form."

People told us they knew how to complain and said they would have no concerns in speaking up. One relative we spoke with told us; "If I needed to complain I would speak to the manager or Stockport CP but

I've never raised any real concerns. If you spot something you just point it out and they are on it." The home kept complaints in a folder in the office although no complaints had been recorded for some time. The registered manager told us that concerns were discussed at handover or staff meetings and they tried to resolve them immediately if possible.

At the time of our inspection nobody was receiving end of life care however preparations were being made for someone to come out of hospital into the home who needed end of life care. The registered manager explained that they had held a best interests meeting along with the person's GP and their relatives to discuss the person's care. They told us; "[The person] finds hospital admissions very distressing so we need to avoid them unless absolutely necessary. The priority is for [the person] to be kept comfortable and maintain their dignity."

Support staff told us they had received additional training so they could support the person's particular needs in preparation for their discharge from hospital. The registered manager explained they would seek additional training from their GP and District Nurses along with other specialist services like Marie Curie and Macmillan for other people with different needs at the end of their lives.

The home had arrangements in place for the safe management of anticipatory drugs which some people need as they near the end of their life.

Requires Improvement

Is the service well-led?

Our findings

During the inspection we found some safety and quality checks had not identified risks to people in the home.

As mentioned in the Safe area of this report, hot surfaces like radiators were a scalding risk to people and these risks had not been assessed or steps taken to mitigate the risk. Other risks such as unlocked and unattended doors into the home and expired Portable Appliance Testing (PAT) should also have been identified as requiring attention. We also found that some support worker training was out of date and some people's Deprivation of Liberty Safeguarding authorisations had expired as reported on in the Effective domain of this report.

Although immediate steps were taken to rectify these matters, governance systems in place had not been effective and robust enough to identify and address these issues as part of the home's routine safety and quality checks.

This demonstrates a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance.

The registered manager had a clear vision of the type of care they wanted to deliver and the culture they wanted in the home. They told us; "The emphasis and ethos is to be people's home not a care home." A relative told us; "It's lively, it's family orientated. You don't come in here and think you are unwelcome." One support worker said; "People comment when they come in saying what a nice feel the home has." Support staff we spoke with told us they felt proud of the level of care in the home and felt proud to work there. One support worker told us; "I've worked in a few different places but I've learned a lot about professionalism since coming here."

Staff told us they felt supported and felt able to speak to management staff. One member of staff we spoke with said; "[The registered manager] is very approachable. Their door is always open. You never feel as if you couldn't approach them." The registered manager told us; "I have an open door policy. People can challenge and talk about things. I'm happy to do that."

Staff told us they had felt especially supported by the registered manager after the serious incident in the home. We saw minutes of staff meetings where the incident and lessons learned had been discussed.

We observed that the staff in the home worked well together and treated each other with respect. One support worker we spoke with told us; "We work together as a fantastic team. If you aren't a team player you're in the wrong job."

The registered manager understood their legal responsibilities and appropriate notifications had been made to the Care Quality Commission (CQC). We directed the registered manager to CQC's updated guidance for providers who support people with a learning disability.

The registered manager told us they felt supported by their managers. We spoke with the Chief Executive who confirmed they were in regular contact with the registered manager and they had a shared vision of the culture within the service.

Relatives told us they felt encouraged to visit the home and make suggestions for improvements or activities. The registered manager explained that where people using the service were not able to contribute then the person who knew them best was encouraged to get involved and that this was often the person's key worker. The manager explained that the company policies had been developed by people using other services run by the same organisation as Cheddle Lodge.

Staff told us they were encouraged to speak up on behalf of people using the service and in general and they felt able to do this because of the culture in the home.

The registered manager appreciated the home needed to adapt to continue to provide the service people needed. They explained that the service was reviewed regularly by the registered manager and the board of the charity.

The home was displaying the rating from the last inspection both in the home and on the provider's website.

We saw evidence that the service worked well and in partnership with other agencies. As mentioned in the Responsive part of this report, the service had liaised with a number of healthcare professionals in order to ensure the safe discharge of a person from hospital. Where people needed support from other healthcare professionals such as district nurses or Speech and Language Therapists (SALTS) the professional's advice was incorporated into the person's care plan and their advice followed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Hot surfaces posed a scalding risk, PAT testing had expired and some open doors could have allowed unauthorised people to access the home.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Some people's DoLS authorisations had expired.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Shortcomings in safety, training and the expiration of DoLS authorisations within the home should have been identified by internal quality and safety checks.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Some support workers had not undergone update training in line with national guidance.