Father Hudsons Society

St Catherine's Bungalows

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We inspected this service on 17 September 2018, and the inspection was unannounced.

St Catherine's Bungalows are part of Father Hudson's Care, which is the social care agency of the Catholic Archdiocese of Birmingham, a registered charity. St Catherine's Bungalow's consists of three purpose built separate bungalows. Each bungalow provides accommodation, with personal care and support, for up to a combined total for 16 adults with a learning disability. At the time of this inspection, 15 people were living there.

A requirement of the services' registration with us is that they have a registered manager. 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. At the time of our inspection visit, there was a registered manager in post.

At the last inspection in January 2016, the service was rated as Good. At this inspection we found people continued to receive a service that was effective and responsive to their needs. However, pressures on staffing levels, which required, the registered manager and assistant managers to cover care shifts had impacted on their managerial oversight of the services provided. The safety and leadership of the service had not been sustained. We identified a breach of the Health and Social Care Regulations that related to how well led the service was. We gave an overall rating of 'Requires Improvement'.

Staff did not manage medicines safely and people did not always receive their medicines as prescribed. Checks on the safe handling of people's medicines were not effective.

The provider did not have effective systems in place to monitor the quality and safety of the service people received. The provider did not undertake effective quality monitoring visits to the service.

Risks were identified and risk management plans were in place to support staff to mitigate the risks of harm or injury to people.

Staff recorded when accidents or incidents occurred. However, these were not analysed by the provider or registered manager. There was no system in place to ensure appropriate action was taken to learn from when things went wrong and minimise risks of reoccurrence.

There were sufficient staff on shift who had been recruited in a safe way so as to ensure people were not placed at risk of abuse, harm or injury.

The home was clean and tidy and was purpose-built to meet people's individual needs.

Staff received training and, overall, used their skills, knowledge and experience to support people. However, staff did not consistently follow all of the training they had been given.

The principles of the Mental Capacity Act (MCA) were followed by the registered manager and staff.

Staff understood their responsibility to report any concerns they had about people's health and wellbeing.

People were involved, whenever possible, in making decisions about their care and encouraged to express their views.

People had personalised care plans that were detailed and provided staff with the information they needed. People's concerns and complaints were listened to and responded to.

People were supported at the end of their life by staff who worked in liaison with visiting healthcare professionals.

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 safe.

The provider did not ensure staff followed their medication policy and people did not always receive their medicines as prescribed.

Risks were assessed and actions taken to reduce risks of harm and injury. Staff were recruited in a safe way and there were sufficient staff on shift.

Is the service effective?

Good

The service continues to be Good.

Is the service caring?

Requires Improvement

The service was not consistently caring.

Most staff showed a consistent caring approach in the way they interacted with people and spoke about them. However, this was not consistent and on occasions language used about people was not respectful. Some opportunities were missed by staff to interact and include people.

Is the service responsive?

Good

The service continued to be Good.

Is the service well-led?

Requires Improvement

The service was not well led.

The provider's systems and processes to monitor the quality of the service were not effective.

Staff felt supported in their role and that management were approachable.

St Catherine's Bungalows

Detailed findings

Background to this inspection

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

This comprehensive inspection took place on 17 September 2018 and was unannounced. Opportunity for people, relatives and staff to give us feedback following our visit, was given by us leaving a poster displayed in the home about our inspection. One inspector, an assistant inspector and an expert by experience undertook the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

The provider sent us a completed Provider Information Collection (PIC), as requested by us, during February 2018. This is information that we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used the information within the PIC in the planning of our inspection visit.

We also reviewed the information we held about the service. We looked at information received from the local authority commissioners and the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

During the inspection visit we spoke, and spent time, with 11people living at the home. We had telephone conversations with four people's relatives. We spoke with five care staff, the administrator, two assistant managers and the registered manager. We spoke with the provider's nominated individual. A nominated individual is a director, manager or secretary within the provider's organisation and carries responsibility for supervising the management of the carrying on of the regulated activity.

We spent time with people and observing communal areas where people interacted with staff. This helped us judge whether people's needs were appropriately met and to identify if people experienced good

standards of care.

We reviewed four people's care plans, daily records and medicine administration records. This was so we could see how their care and support was planned and delivered. We also looked at other records, these included two staff recruitment files, and the provider's quality assurance audits. This was so we could see how the manager and provider assured themselves people received a safe and well led, quality service.

Requires Improvement

Is the service safe?

Our findings

At this inspection, we found the safety of the service had not been sustained since our last inspection visit, when we rated this key question as Good. The provider had not ensured staff followed their policies and procedures for safe medicines management. We gave a rating of 'Requires Improvement.'

People did not always receive their medicines in a safe way or as prescribed. We looked at people's medicine administration records (MAR) and saw one person had been prescribed an antibiotic cream on 12 September 2018 to treat an infection. The pharmacy label stated the cream should be applied two to four times a day. However, staff had not copied this instruction correctly on to this person's MAR and had written 'apply twice daily.' Staff had signed for the cream being applied on only three occasions (12, 15 and 16 September 2018). No reasons were recorded for the missed applications. The assistant manager showed us the tube of cream which only had a very small amount of cream used, which was consistent with the MAR. This meant the cream had not been applied to this person's skin as instructed by their doctor. The assistant manager assured us immediate action would be taken so this person had their cream applied as needed.

Another person was prescribed a medicine to help manage their epilepsy. On 30 August 2018, an assistant manager had recorded the pharmacy had not delivered enough stock of this medicine and had requested more. Staff had not followed up this request for more stock in a timely way and this person's medicine had run out on 16 September 2018 and they had missed a dose. We discussed this with the assistant manager, who then telephoned the pharmacy to determine when stock of this medicine was to be delivered. They told us it was due to arrive later that day, which we were told it did.

We found some discrepancies in people's medicine stock when we looked at the amount of tablets a person should have remaining in stock against the amount signed for as given to them by staff. For example, one person had a missing stock of 11 tablets. An assistant manager told us this potentially could be due to a counting error at the time of carrying forward on to the MARs but could not be sure.

There was no evidence in people's records to show advice from GPs or other out of hours healthcare professionals advice had been sought when missed dosages were identified. Staff did not consistently know what action they should take in relation to missed dosages or medication errors. One assistant manager told us they believed it would be acceptable for them to ask night staff to administer medicine if it had been missed during the day.
This assistant manager was unaware of the importance of first seeking medical advice.

Staff did not always know how medicines should be safely disposed of. One staff member had recorded they had 'accidently forgotten' to give one person their tablet on 15 September 2018 and had 'destroyed it. We asked an assistant manager what this meant and they told us the staff member had probably "flushed it down the toilet." This assistant manager went on to tell us they believed it was acceptable to dispose of single tablets in this way and only full packs of unused medicines were returned to the pharmacy for safe disposal.

Some prescribed creams and lotions have shortened 'shelf life' when opened and, for example, only remain effective for 28 days and must then be discarded. Staff did not consistently date bottles or creams on opening them. For example, one person was prescribed cream to be used 'when required' for a skin condition. Their tube of cream in use had been dispensed from the pharmacy on 18 November 2016, with a manufacturer's expiry date of the year 2021. However, there was no record of when the tube had been opened, which posed potential risks of it being used past it's 'shelf life' and no longer effective in treating the condition for which it had been prescribed. This tube of cream was removed from use by one assistant manager when we pointed out the risks to them and they assured us another tube of cream would be requested from this person's GP.

We discussed our concerns about people's medicines with the registered manager whose checks had not been effective. They told us, "Staff have become complacent, they are not following the training they have been given or the medication policy." The registered manager took immediate action during our inspection visit to undertake a full medication audit in each bungalow. They ensured everyone had all their prescribed medicine available to them and new prescriptions were requested when needed to ensure stock was available.

The registered manager told us the issues around too much or too little stock of people's medicines had already been brought to their attention in May 2018, by the assistant managers. They explained they had already addressed staff about this issue, though improvements had not been made and similar issues had continued to be found in July and August 2018. The registered manager said a staff meeting had already been planned for the afternoon of our visit to talk to staff about these concerns and inform them if improvements were not made, individual disciplinary action would be the next step.

We were invited to join the meeting and saw that the registered manager took immediate action to address staff practices and competencies because improvements had not been made. The registered manager talked about the seriousness of the issues and told staff they would each be re-trained in medicines management, have a competency assessment and vigorous checks would be on-going.

Risks to people had been identified and management plans were in place to reduce the risks of harm or injury. For example, staff told us about one person who was at risk of rolling out of bed. One staff member said, "We must make sure when [Name] is on their bed, the bed is lowered right down and the crash mat is placed next to their bed. They also have low level bed sides and cushioned bumpers to protect them."

People at risk of developing sore skin and had special equipment in place, such as airflow mattresses. Some people had custom-made wheelchairs which supported their body and reduced risks of their skin becoming sore. One person told us, "My wheelchair is very comfy for me."

There was a fire alarm system in place and staff told us they had received fire safety training. However, the fire safety action staff described to us and the information in people's personal emergency evacuation plans (PEEPS) conflicted with the provider's displayed notices in each bungalow. While people had PEEPS, we found the provider had not considered the use of any special equipment, such as evacuation mats, which might aid people's individual needs to assist them in reaching a place of safety, within a satisfactory period of time, in the event of an emergency.

People told us they felt safe from the risks of harm or abuse. One person told us, "I feel safe here." Relatives told us they felt their family members were safe 'because staff were present' and 'the surroundings and premises were secure. Staff understood the importance of reporting any concerns they had and the registered manager knew what information they had to escalate to us and the local authority. The registered

manager kept a log of any reported safeguarding incidents, progress of investigation and outcomes.

The provider's recruitment procedures included making all the pre-employment checks required by the regulations, to ensure staff were suitable to work within the service.

There were sufficient staff to meet people's needs. People, their relatives and staff told us there were always enough staff on each shift. The registered manager told us they had faced some challenges in covering shifts due to both planned and unplanned leave. They added shifts were always covered and people's needs were met either through existing care staff working extra hours or the use of agency care staff. The registered manager told us staffing absences had impacted on the assistant managers and their own role with them frequently covering shifts and taking them away from other tasks associated with their managerial responsibilities.

The home were clean and tidy and cleaning schedules for housekeeping staff ensured the home was regularly cleaned. Housekeeping staff, however, did not always ensure their chemical product sprays were safely stored when they were not using them. For example, we saw one housekeeper was in the kitchen area and had left items unattended in a separate corridor. The registered manager addressed this and reminded staff of the importance of safe storage.

Staff had received training so they understood the importance of good hygiene and safe infection control measures, such as using personal protective equipment where necessary.

The provider did not have an identified process for ensuring lessons were learned when things went wrong. For example, accidents and incident forms were completed by staff, but there was no overall analysis of accidents and incidents to ensure any learning was identified and risks of reoccurrence minimised.

Good

Is the service effective?

Our findings

At this inspection, we found staff had the same level of skill and experience and support to enable them to meet people's needs as effectively as we found at the previous inspection visit. Staff continued to offer people choices and supported them with their dietary and health needs. The rating continues to be Good.

People's needs were assessed and their support was delivered in line with current best practice. People and their relatives felt staff had the skills they needed to support them.

Staff told us they received an induction into the service and had three shadowing opportunities to work alongside experienced staff members. Care staff new to working in the care sector, completed an in-house induction which was linked to the Care Certificate. The Care Certificate assesses staff against a specific set of standards. Staff have to demonstrate they have the skills, knowledge and behaviours to ensure they provide compassionate and high-quality care and support. Staff were offered further development opportunities to complete a nationally recognised vocational qualification in health and social care.

Overall, staff were trained and had the skills they needed for their job role but there were occasions when training sessions had been delayed. For example, one staff member had started work in June 2018 and, at the time of this inspection visit, they had not yet undertaken their safeguarding people from abuse training. This staff member told us, "I would report any concerns I had, but I will feel more comfortable when I have had the training so I know what I should report." Another staff member told us, "I found it a bit frustrating after I had started working on shifts because I couldn't get involved with things like manual handling until I'd completed the course."

The registered manager explained they now delivered most of the training to staff across the provider's three care home locations on site, and to the provider's staff in their day centre. The registered manager said this had been added to their role since our last inspection and they recognised this was impacting on their time. They told us they planned to discuss this with the provider so alternative arrangements could be made which would prevent delays in training taking place.

Some staff undertook a procedure for administering rectal suppositories but had not received specific training for it from the provider. For example, one assistant manager told us, "I administer rectal suppositories to people but have never completed training for this technique since I've worked here. I did do 'rectal training' before but that was a few years ago." This assistant manager told us they would discuss this with the registered manager so that specific refresher training could be arranged for those staff undertaking the procedure to ensure safe practices were used.

People's nutritional and hydration needs were met. We asked one person their opinion on the food and they gave us a 'thumbs up' gesture. Staff told us they knew people well and what foods they enjoyed. One staff member said, "If someone did not like something, we would always offer them something else."

Healthcare guidance was available to tell staff about the consistency some people required their food and

drinks to reduce risks of choking. One staff member told us, "[Name] needs all their food pureed, we do each food separately so it looks appetising." Relatives told us when they visited their family member, staff were always aware of who required a prescribed 'thickener' for their drinks and who required soft foods.

Some people had a Percutaneous Endoscopic Gastrostomy (PEG) which was used by staff to meet their nutritional and hydration needs. A PEG is where a tube is surgically passed into a patient's stomach through the abdominal wall, most commonly to provide a means of feeding people when oral intake is not either not adequate or safe for the person. Detailed guidance on 'feeding regimes' through a person's PEG was followed by staff.

People were supported to access healthcare services, such as GPs, dentists and opticians. The registered manager worked collaboratively with other healthcare professionals and regular meetings took place to support people's specific health needs such as mental wellbeing, epilepsy management and learning disabilities.

Staff had recorded when healthcare appointments took place. One person told us "My glasses help me. They are for my eyes." People's weights were monitored and staff understood when referrals should be made for dietary support for people.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager understood the requirement to make referrals for 'best interests' meetings when needed for people who lacked capacity to make specific decisions. They gave us a current example of one person's 'best interests' meeting that related to specific healthcare treatment.

Staff worked within the principles of the MCA and understood the importance of gaining people's consent before, for example, supporting them with personal care. Staff understood that when people may not be able to make simple choices, they must act in the person's best interests based on their knowledge of people's likes and dislikes.

One staff member told us, "In our training, we touch on mental capacity. We assess every situation as each person is different. We never assume people don't have capacity. It is important to use language that the person is used to, so they can understand. We also use a touch-talker, flash cards or objects of reference to help people understand and make decisions if they can."

At the time of our inspection visit, eight people had an approved DoLS and a further seven DoLS referrals had been made for people living at the home. The registered manager understood their responsibilities under the Mental Capacity Act and gave us examples of when they would apply to the supervisory body for an urgent DoLS.

The premises were purpose built to provide 'care home' facilities across three separate bungalows. Each bungalow contained individual ensuite bedrooms, with a total of 16 bedrooms across the bungalows. Each bungalow had communal dining and lounge areas and an enclosed garden space.

Requires Improvement

Is the service caring?

Our findings

Overall, people continued to receive kind care and support as at our previous inspection. However, there were occasions when a few staff did not show consistency in their caring approach because words they used about people were not always respectful. We have therefore given a rating of 'Requires Improvement.'

Staff knew people well and had worked in the service for several years. We observed examples of staff showing kindness, respect and compassion towards people. One staff member told us "I didn't think I would ever like it, but I love it. I love building the bond with the residents." Another staff member told us, "This place is amazing. I have worked in care about 20 years but here staff genuinely do care. I like being here. We are a family". Another staff member told us "I absolutely love the residents; I have got such a bond with the people that live here."

People were relaxed with staff members who supported them. Due to the complex needs of people living at the home, some were unable to verbally express their views, so we spent time observing interactions between them and staff. We observed people smiling when staff were engaging using tactile touch and close- proximity verbal engagement. We observed one person taking hold of a staff member's hand who they clearly trusted and found comfort from. Another person told us "I'm happy here. I like the staff". They went on to tell us that a particular staff member made them happy.

However, there were missed opportunities by staff to engage with people. For example, we observed a period of time where staff were sat at a table writing care notes when the person they were supporting was sitting in front of the television which they were not looking at. The registered manager agreed staff could have sat with people whilst updating their notes, so that interactions could have continued to take place with them.

People were supported, whenever possible, to be involved in making decisions about their day to day care. One staff member told us one person had chosen not to attend day centre today because they wanted a day at home. Another staff member said, "People and their relatives are involved with their care." Care records showed relatives had attended reviews and agreed to the support that was being provided to their family member.

Staff took opportunities to promote people's independence. One staff member told us, "We always try to get people to do things for themselves like washing their own hair or body." Another staff member told us, "Most people are fully dependent on staff for everything in their lives, though if they can do a small thing, then we do encourage that."

Staff involved one person in the preparation for the evening meal. A staff member asked this person, "Do you like peppers? Which pepper shall we use, the red pepper or the yellow pepper?" Another staff approached this person and asked them if they would like a drink, this person replied, "I am working," and clearly enjoyed the responsibility of helping prepare the food.

Staff had received training in diversity, equality and inclusion and, overall, demonstrated a good understanding about treating people as individuals. They gave people choices and ensured their preferences were respected.

Throughout most of our inspection visit, we saw staff spoke about people and with people in a way that valued and demonstrated respect toward them. However, we observed one occasion when a staff member spoke about a person in a way that was not respectful. The staff member told us, "You won't get a lot out of her," when referring to a person who did not communicate verbally. These comments were made in front of people. We discussed this with the registered manager who assured us they would remind staff of the importance to show respect in the words they used about people.

Good

Is the service responsive?

Our findings

At this inspection, we found people continued to receive care that was responsive to people's needs. The rating continues to be Good.

People's needs were assessed before they moved to live at the home. People and / or their relatives (on people's behalf) were offered the opportunity to share personal details 'About Me' which provided staff with information about people's likes and dislikes.

People had individual care plans which described the care and support people needed on a day to day basis. These were person-centred and offered detailed instructions of how to support people with their various needs and preferences. One staff member told us, "The care plans tell us lots. They are really useful. It tells us about people's likes and dislikes and how to do things in certain ways". Another staff member told us, "The care plans are very detailed."

A quick reference page, "What you need to know about me" gave staff a 'snap-shot' of important information about people. Permanent staff told us this page was particularly good for them to share with agency staff so they had key information about people's needs.

Some people living at the home were diagnosed with autism and their day to day routine and consistency was very important to them. People had detailed care plans which gave staff step by step instructions on how to support them with different aspects of their life. For example, their morning routine and how they liked this to be carried out by staff. This information promoted a consistent approach by staff and reduced risks of people becoming anxious and upset.

Staff told us some people displayed behaviours that challenged and information on how to manage these was within their care plan. Behaviour management plans were detailed and included possible triggers, early warning signs, preventative measures followed by reactive measures. Where difficulties had arisen with a person's behaviour and staff found it challenging to divert and reassure the person, referrals were made to psychology for support.

Staff were responsive to people's emotional needs. For example, one person had suffered a family bereavement and staff had arranged 'bereavement music therapy" which we were told was having a positive effect on the person coping with their loss.

People were supported to engage in social activities and maintain their interests both within and outside of the home. One person had a film playing on the television and told us, "Elvis Presley film, yes, like it." Another staff member sat with one person and painted their nails. Another person showed us where they 'worked;' helping out in the shop at the provider's adjacent care home for older people. This person told us they liked their 'job'.

Some people attended a day centre that was operated by the provider. One person told us, "I do lots at the

day centre. I feed the birds and water the plants in the garden." People who attended the day centre took part in varying activities including aromatherapy, 'tiger-feet and arts and craft' sessions. People told us staff supported them to go on holiday. Some people had been, and others were planning, trips to Blackpool.

On the day of our inspection visit, no one at the home was receiving end of life care. However, the registered manager told us about one person's expected death during the weekend prior to our inspection. The registered manager explained end of life care had been provided to this person in liaison with other healthcare professionals. The registered manager said that whenever possible, the vision was to be able to offer end of life care at the home; with the support of external healthcare professionals.

People and their relative's views had been sought through the provider's feedback survey. The registered manager told us they addressed any issues identified so that improvements could be made.

The provider's complaints policy was displayed and people and / or their relatives knew how to make a complaint if needed. The registered manager told us five complaints had been received during 2018, and these had been investigated and resolved. People and relatives told us they had 'no complaints' about the services they received.

Requires Improvement

Is the service well-led?

Our findings

At this inspection, we found the leadership of the service had not been sustained since our last inspection visit. The service was not consistently well led and we found a breach of the regulations. We gave a rating of 'Requires Improvement.'

Systems and processes in place to ensure the safe handling of medicines were not effective. The registered manager informed us they did not undertake medication audits themselves and relied on their three assistant managers to complete checks, which we found were not effective.

Medication errors were not investigated and no overall analysis was undertaken to look at ways to reduce risks of reoccurrence.

Audit tools were not used to assess, monitor and improve the quality and safety of the service. For example, a staff member had filled in an incident form when they had noticed 'very red sunburn' on one person's knees. This had been recorded on 2 July 2018, however, the assistant manager for the bungalow confirmed they had not looked at the form yet and nor had the registered manager. The registered manager told us they did not undertaken any analysis of accidents or incidents so that risks of reoccurrence could be minimised.

Spot checks on care practices were not consistently effective in ensuring improvements were made when needed. For example, we found two fire doors were wedged open by blocks of wood. The registered manager told us they had previously addressed this with staff but the issue reoccurred.

Overall, the registered manager had notified us of events that occurred at the service as required, and had also liaised with the local authority and CCG commissioners to ensure they shared important information in order to better support people. However, information had not been shared with us about concerns identified to the registered manager, in July and August 2018, that related to people potentially being given too much or too little of their medicines. After we had shared our concerns with the registered manager, they informed staff that, "Reports will be going into safeguarding for potential neglect which doesn't rest easy with me".

This was a breach of Regulation 17 (1) (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some significant changes had taken place at the service since our previous inspection. The registered manager had previously had a deputy manager in addition to an assistant manager in each bungalow. Following the registered manager and head of adult care's review of the management and administrative needs of the service, it was decided the deputy post would not be recruited to. An administrative support role was created, which the registered manager told us was very useful. In addition, the managerial time for assistant managers was doubled. However, due to staffing shortages the allocated managerial time to the assistant managers had in fact meant they did not always get this allocated managerial time. The registered

manager explained they felt their role had changed and additional tasks such as being responsible for delivering most of the training to staff who worked at the provider's three locations on the site had impacted on their time to have effective oversight of the service.

Staffing challenges meant senior staff did not always have the time to complete managerial tasks associated with their role and responsibilities. The three assistant managers were allocated two 'non-shift' days a week to undertake checks, reviews and support staff. One assistant manager told us, "We don't get those days most of the time, because we cover the shifts so people have consistency in their care staff."

The registered manager had previously been supported by the provider's head of care who had undertaken quality monitoring visits to the service. Since the head of care retired from their post, no quality monitoring visits had taken place by the provider. We spoke with the nominated individual about this. They informed us they had tried to recruit to the head of care post in April 2018, though unsuccessfully. They told us the position was to be re-advertised during autumn 2018.

Staff told us they enjoyed working at the home and some had worked there for many years. One staff member told us, "It's lovely working here." Staff felt the registered manager was approachable and would listen to them.

Staff felt supported in their role through training and team meetings. One staff member said, "I like my job here."

It is a legal requirement that the provider's latest CQC inspection report rating is displayed at the service. This is so people, visitors and those seeking information about the service can be informed of our judgements. The provider had clearly displayed their ratings poster within the service. The home's rating and link to the inspection report was on their website.

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	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not assess, monitor and improve the quality and safety of the service or mitigate risks relating to the health, safety and welfare of service users.