Milkwood Care Ltd

The Orchard

Inspection report

Ganarew
Monmouth
Gwent
NP25 3SS

Date of inspection visit:
06 December 2018
11 December 2018

Date of publication:
25 January 2019

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

The inspection took place on 6 and 11 December 2018. The first day of our inspection visit was unannounced.

The Orchard is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home is registered to provide accommodation with personal care for up to 14 people, some of whom are living with dementia. The accommodation is split across two floors within a modern, purpose-built building. At the time of our inspection, there were 9 people living at the home.

There was no registered manager in post at the time of our inspection. We met with the home's manager who was in the process of applying to the Care Quality Commission to become registered manager. A registered manager is a person who has registered with CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People's medicines were not always safely and appropriately managed. Electronic medicines records were not always accurate and up-to-date and guidance on the intended use of people's 'when required' (PRN) medicines was not clear. In addition, the application of people's topical medication was not clearly recorded. Risk assessment and risk management procedures were not sufficiently robust or comprehensive, resulting in a lack of clear guidance for staff on how to keep people safe. The employment histories of prospective staff were not always explored in line with safe recruitment practice.

Staff training and staff supervision meetings had lapsed. Not all staff had completed the provider's mandatory training or attended their annual refresher courses. People's mental capacity assessments and best-interests decisions were not always decision-specific, and an application had not been made to renew one person's DoLS authorisation as needed. The provider's quality assurance systems and processes were not sufficiently effective. The manager lacked sufficient knowledge of the legal and regulatory requirements upon the provider.

Staff understood their individual responsibilities to report any form of abuse involving the people who lived at the home. The provider had safeguarding procedures in place designed to ensure any abuse concerns were reported externally and investigated. The staffing levels maintained at the home enabled staff to meet people's needs safely. The provider had measures in place to protect people, staff and visitors from the risk of infections, including the use of appropriate personal protective equipment by staff.

Prior to people moving into the home, the management team met with them and, where appropriate, their

relatives to assess whether their individual care and support needs could be effectively met by the service. People had access to the specialist care equipment they needed. Staff and management sought to avoid any form of discrimination in planning and delivering people's care. New staff completed the provider's induction training to help them settle into their new roles at the home. People had the support they needed to maintain a balanced diet, and any associated needs and risks were assessed and managed. Staff helped people to seek professional medical advice and treatment if they were unwell. The design and decoration of the home reflected people's needs.

Staff adopted a kind and caring approach towards their work, and had taken the time to get to know people well. People's communication needs were assessed, and staff encouraged their involvement in decision-making that affected them. People were treated people with dignity and respect at all times, and staff and management took steps to protect their personal information.

People's care and support reflected their individual needs and requirements. Their care plans were individual to them and read by staff. Staff supported people to pursue their interests and participate in recreational and social activities. People and their relatives were clear how to raise any concerns or complaints about the service and felt comfortable doing so. The provider had procedures in place designed to identify people's wishes as they approached the end of their lives.

People, their relatives and community professionals spoke positively about their dealings with the management team. They described open communication between themselves and management. Staff felt well-supported, valued and were clear what was expected of them at work. The provider took steps to encourage people, their relatives and staff to be involved in the service.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

The provider's procedures for managing people's medicines did not always reflect good practice.

The risks associated with people's care and support needs had not been fully assessed and managed.

The provider maintained safe staffing levels at the home.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff training and supervisions had lapsed over recent months.

People's rights under the Mental Capacity Act 2005 were not fully promoted.

People had the support they needed to eat and drink safely and in comfort.

Is the service caring?

Good

The service was caring.

Staff treated people in a kind and caring manner.

People were supported to express their views about the care and support they received.

People's rights to privacy and dignity were protected by staff and management.

Is the service responsive?

Good

The service was responsive.

People received personalised care that took into account their individual needs and requirements.

People's had support to join in with a range of recreational and social activities.

People and their relatives knew how to raise and concerns or complaints about the care and support provided.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The provider's quality assurance systems and procedures were not sufficiently effective.

People, their relatives and community professionals described open communication with staff and management.

Staff felt they had the management support and direction they needed to succeed in their roles.

The Orchard

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 took place on 6 and 11 December 2018. The first day of the inspection visit was unannounced. The inspection team consisted of one inspector.

Before the inspection site visit, we reviewed the information we held about the service, including any statutory notifications received from the provider. A statutory notification is information about important events, which the provider is required to send us by law. We also contacted the local authority, the local clinical commissioning group and Healthwatch for their views on the service. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care services.

During our inspection visits, we spoke with five people who used the service, three relatives and four community health and social care professionals. We also spoke with the provider's operations manager, the manager, the cook, three senior care staff, one care staff and an activities coordinator.

We looked at a range of documentation, including four people's care and assessment records, staff training records, medicines records and incident and accident reports. We also looked at three staff recruitment records, complaints records, certification related to the safety of the premises and records associated with the provider's quality assurance.

Requires Improvement

Is the service safe?

Our findings

At our last inspection in December 2017, we rated this key question as 'Good'. At this inspection, we found improvements were needed in risk assessment and risk management procedures to keep people safe. The rating for this key question is now 'Requires improvement'.

Whilst the provider had systems and procedures in place designed to ensure people received their medicines safely and as prescribed, these were not sufficiently robust. People's medicines were stored securely within the home and administered by senior care staff who were trained in the provider's medicines procedures. However, the information recorded on people's electronic medicines records was not always accurate and up-to-date. In some cases, these records referred to medicines which had been discontinued and were no longer held at the home. Inaccurate medicines records are a potential cause of preventable drug errors.

The written guidance available to staff on the intended use of people's 'when required' (PRN) medicines was not clear. For example, the directions for applying one person's topical medication stated, "apply as needed to the affected area". In addition, the use of PRN medicines was not consistently referred to in people's care plans, to explain its role in promoting their health and wellbeing. The records staff kept, in people's care notes, in relation to the application of their topical medication were inconsistent and unclear. Where reference was made to the application of topical medication, this did not clarify the specific cream or ointment that had been used.

We discussed these concerns regarding the management of people's medicines with the manager. They assured us they would address these as a matter of priority. Following our inspection, the manager informed us people's medicines records had been fully reviewed to ensure these were accurate and up-to-date. They had instigated discussions with the local pharmacy and the company who designed the home's electronic medicines management system to prevent this issue from reoccurring. The manager also confirmed individual 'PRN protocols' had been introduced to guide staff on the expected use of people's 'when required' medicines, and that 'creams charts' were now in place to record the application of topical medicines.

We found the provider's procedures for assessing and managing the risks associated with people's individual care and support needs were not sufficiently robust or comprehensive. For example, one person had been assessed as being at risk of engaging in self-harming behaviours and attempting suicide. Documented risk assessments had been completed in relation to these known risks. However, the content of these risk assessments was limited and lacked key information about how staff were to support them to stay safe. Two other people had been assessed as being at high and very high risk of developing pressure sores respectively. The content of the risk management plans developed to maintain their skin integrity was non-specific and unclear. For example, these plans directed staff and management to, "Introduce a repositioning schedule that is tailored to [person's] current needs". In addition, we found staff were not consistently recording the checks they carried out on the condition of people's skin or the support provided with repositioning to enable the management team to effectively monitor this important aspect of people's

care.

We discussed the shortfalls in the service's risk assessment and risk management processes with the manager. They acknowledged the need for a more comprehensive and robust approach and assured us this would be addressed as a matter of priority to minimise the risks to individuals. During our inspection, we did not identify anyone who had suffered avoidable harm as a result of these shortfalls in risk management.

The provider completed checks on prospective staff to ensure they were suitable to work with people. These included references and an Enhanced Disclosure and Barring Service (DBS) Check and employment references. The DBS carries out criminal records checks to help employers make safer recruitment decisions. However, gaps in successful applicants' employment histories were not always explored in line with safe recruitment practice. We discussed this issue with the manager who assured us they would address this moving forward.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not fully assessed and managed the risks to people's health and safety.

People told us they felt safe living at the home. One person explained, "I feel completely safe; I've never even thought about it [my safety]. I just like the place, the atmosphere and the people." People's relatives also had confidence staff cared for their loved ones' safely. They explained how the home's security arrangements and the openness of their communication with management gave them confidence.

Staff recognised their individual responsibilities to remain alert to and report any form of abuse involving the people who lived at the home. They were aware of the potential indicators of abuse, including sudden behavioural changes and unexplained marks and bruising. Staff told us they would immediately report any abuse concerns to the management team. The provider had safeguarding procedures in place designed to ensure any witnessed or suspected abuse was reported to the relevant external agencies.

The provider had procedures in place to record and monitor any accidents or incidents involving people who lived at the home, and staff were aware of these. The management team reviewed these reports on an ongoing basis in order to learn from events and reduce the risks of reoccurrence.

People, their relatives and staff were satisfied staffing arrangements at the home ensured people's needs could be met safely. People told us staff responded in a timely manner if they needed help. One person said, "The staff are good. I only have to ring the [call] bell one and they come." Staff confirmed agreed staffing levels were maintained, and that they were able to work without undue pressure. One staff member told us, "We have safe staffing levels. I haven't worked a shift where there has been someone [staff] missing. With three staff, if we are all pulling our weight, you can get everything done safely and well." During our inspection, we saw there were enough staff on duty to respond to people's needs and requests without unreasonable delay.

The provider had taken steps to protect people, staff and visitors from the risk of infections. We saw good standards of hygiene and cleanliness were maintained at the home, which we found clean, well-maintained and fresh-smelling throughout. Staff were provided with, and made consistent use of, appropriate personal protective equipment (e.g. disposable gloves and aprons) to protect people from the risk of cross-infection.

Requires Improvement

Is the service effective?

Our findings

At our last inspection in December 2017, we rated this key question as 'Good'. At this inspection, we found improvements were needed in relation to staff training, staff supervision and the promotion of people's rights under the Mental Capacity Act 2005. The rating for this key question is now 'Requires improvement'.

The provider had developed a programme of training designed to give staff the skills and knowledge they needed to work safely and effectively. This included training on dementia awareness, moving and handling people safely, health and safety and first aid. The staff we spoke with were satisfied they had the training they needed to work safely. However, the training records we looked at indicated staff training had lapsed. Not all staff had completed the provider's mandatory training or attended their annual refresher courses. We discussed this concern with the manager. They acknowledged that staff training needs had not been appropriately monitored and addressed in the months leading up to their appointment, and that staff training records themselves were not up to date. They assured us they were working with the provider's external training provider to clarify and address any outstanding staff training needs as a matter of priority. We will follow this up at our next inspection.

Aside from training, staff attended one-to-one meetings, 'supervisions', with a member of the management team. These meetings enabled staff to discuss any additional training or work-related support they may need, and to receive constructive feedback on their work performance. Supervision records indicated, and the manager acknowledged, not all staff had received regular supervisions over the last six months. They assured us they had a plan in place to bring staff supervisions fully up to date and to ensure they were arranged on a consistent basis moving forward. We will follow this up at our next inspection. Staff confirmed they felt able to approach the management team with any issues or concerns in between their supervision meetings.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. People and their relatives told us, and we saw, staff sought people's consent before carrying out their day-to-day care. The staff we spoke with understood the need to promote people's right to make their own decisions, and the role of best-interests decision-making. We saw examples of mental capacity assessments and best-interest decisions in the care records we looked at. However, these were not always decision-specific, as required under the MCA, or worded appropriately. For example, one person's best-interests decision record stated, "Allow [person] to have their own furniture in their room. Respect [person's] privacy

within reason." We discussed this issue with the manager who assured us they would review people's mental capacity assessments and best-interests records in response to our comments.

The management team had submitted a number of DoLS applications based upon an assessment of people's mental capacity and their individual care arrangements. Where DoLS authorisations had been granted, they understood the need to review and comply with any associated conditions. However, we found one person's DoLS authorisation had expired in November 2018 and that the required application to renew this had not been made. The manager informed us this was an oversight on their part. Following our inspection, they confirmed the relevant DoLS application had since been made.

Before people moved into the home, the management team met with them and, where appropriate, their relatives to assess their individual needs, and ensure the service was able to effectively meet these. This enabled the provider to develop personalised care plans designed to achieve positive outcomes for people. Once people's care started, staff and management liaised with a range of community health and social care professionals, such as GPs, district nurses, social workers and mental health professionals. The purpose of this was to ensure people received joined-up care and had access to the specialist care equipment they needed. Staff confirmed they had the equipment they needed to safely and effectively meet people's needs. One staff member told us, "Anything [equipment] we have asked for, [manager] has gone and got for us." Staff and management showed a clear understanding of the importance of equality and diversity, and the need to avoid any form of discrimination in the planning or delivery of people's care. We saw the provider's training programme included training on equality and diversity.

People, their relatives and community professionals had confidence in the overall competence of the staff working at the home. One person told us, "They [staff] obviously know what they are doing." A relative said, "They [staff] have a very professional, but friendly way of working at the same time … Nothing has been too much trouble with everything we've asked for."

Upon starting work at the home, all new staff completed the provider's induction training to help them settle into their new roles and understand their duties and responsibilities. During their induction, staff had the opportunity to work alongside and learn from more experienced colleagues and to read people's care plans. Staff were satisfied with the extent to which their induction prepared them for their roles. One staff member told us, "It was my first care job. I found all the staff very friendly and helpful … I felt the support was there if I needed it." The manager assured us the provider's induction training took into account the requirements of the Care Certificate. The Care Certificate is a set of minimum standards that should be covered in the induction of all new care staff.

People and their relatives spoke positively about the range of food and drink provided at the home, and the support people had to maintain a balanced diet. They told us, and we saw, people were given choices about what they ate and drank on a day-to-day basis. One person said, "I have no complaints about the meals. We can request alternatives." A relative explained, "[Person] is looking so well because they are eating so well here. [Person] says the variety of food is terrific and they always have choices." We saw mealtimes were relaxed, flexible events during which people had encouragement and any physical assistance needed to eat and drink safely and in comfort. On the subject of the flexibility of mealtimes, a relative told us, "[Person] said they found it [dining area] noisy and said they wanted to eat in their room. The staff said this was fine." The provider had procedures in place to assess and address any specific needs or risks associated with people's nutrition and hydration, including the provision of texture-modified and fortified (high protein, high calorie) diets.

People and their relatives told us staff helped them to access professional medical advice and treatment if

they were unwell. One person said, "[GP] comes around quite regularly. If there is something I want to talk to her about, I tell staff and she will appear." We saw staff and management worked with a range of healthcare professionals to ensure people's health needs were monitored and addressed. People's care records included information about their medical histories and any long-term medical conditions to give staff insight into this aspect of their needs.

We looked at how the provider had designed and adapted the home's environment to meet people's individual needs. The design of the purpose-built premises enabled people's needs to be met safely and effectively. People had sufficient communal space to participate in group activities, eat in comfort, meet with visitors or spend quiet time alone. This included a bright and colourfully-decorated 'library' area on the home's first floor. A call-bell system had been installed to enable people to request staff assistance from their personal rooms. Consideration had been given to the needs of people who were living with dementia, including the installation of clear signage on the doors to people's personal rooms and the use of internal keypad locks to prevent people from accessing potentially hazardous areas.

Good

Is the service caring?

Our findings

At our last inspection in December 2017, we rated this key question as 'Good'. At this inspection, we found the service continued to involve people and treat them in caring manner. The rating for this key question remains "Good".

People, their relatives and community professionals told us staff adopted a kind and caring approach towards their work. One person said, "They [staff] are all extremely nice and they make me laugh." Another person commented, "They are very pleasant staff … They're very friendly and more like friends." A community professional told us, "It's a very relaxed home; you can feel it. It's a caring atmosphere and staff never seem to be rushing around here."

We saw staff supported people in a gentle and patient manner as, for example, they helped people eat and drink in comfort or move around their home safely. Staff addressed people in a warm, polite manner and prioritised their needs and requests. People's care files included information about their personal histories and known preferences in relation to their care. The staff we spoke with told us they had read this information, and showed good insight into people's individual personalities, preferences and requirements.

Most people and all of the relatives we spoke with felt staff and management were willing to listen to them and that they involved them appropriately in decision-making. One person told us, "I'm sure if I had anything special to say, they [staff] would listen." We saw staff supported people in an unrushed manner and had time to sit and engage them in conversation. People's individual communication needs had been assessed and recorded, and staff were provided with guidance on how to promote effective communication with individuals. The staff we spoke with discussed the importance of monitoring people's non-verbal communication, including their body language and gestures, as part of this. The manager confirmed people were supported to access independent advocacy services, whenever needed, to ensure their voice was heard on important matters.

People and their relatives told us staff treated people with dignity and respect at all times. This included helping people to maintain their personal independence. On this subject, one person said, "I'm pretty independent; they [staff] respect that." The provider had procedures in place to protect people's personal information held at the home from unauthorised access, and we saw staff followed these. Staff gave us further examples of how they promoted people's rights to privacy and dignity in their day-to-day work. One staff member explained, "I speak to people politely and kindly, and take a genuine interest in their personal histories. I sit and chat with them to show them their presence is important."

Good

Is the service responsive?

Our findings

At our last inspection in December 2017, we rated this key question as 'Good'. At this inspection, we found people continued to receive personalised care that was responsive to their needs. The rating for this key question remains "Good".

People and their relatives told us the care provided reflected people's individual needs and requirements and was adjusted in line with any changes in these. One person said, "They [staff] try to fit in with what we like." A relative described how staff accommodated their loved one's preference for a particular alcoholic drink with ice, which was brought to their personal room. They went on to say, "I get the feeling it [service] is completely focused on people." On the subject of personalised care, a community professional told us, "They [staff and management] seem to understand the person as an individual and their individual needs. They seem to fit it [care] around the person." During our inspection, we saw staff adapted their support and communication to suit the individual's needs.

People's relatives were satisfied with the extent to which staff and management involved them in decisions about their loved ones' care. One person's relative told us, "I'm sure if there was anything major to be decided, they [management team] would ask me beforehand. I would be kept informed; I trust them implicitly."

People's care plans were individual to them and dealt with important aspects of their care and support needs, including their health, mobility, and nutrition and hydration. Care plans were reviewed and updated on a monthly basis by senior care staff. They included information about people's known preferences regarding their care, and reminded staff of people's ability to make their own choices. 'Who am I" forms had been completed with people and their relatives to give staff insight into people's personal histories and promote a person-centred approach to their care. As part of care planning, consideration had been given to people's religious beliefs and the support needed to pursue these. For example, the management team had contacted a local vicar to arrange home visits for one of the people living at the home, based upon their previous attendance at religious services.

People had support to pursue their interests and participate in recreational and social activities at the home. The provider employed two activities coordinators who took the lead in organising activities based around people's interests. These included fun fitness and music-based sessions, arts and craft activities and trips out shopping or to the cinema. One relative spoke about their loved one's enjoyment of an art group run at the local church. They told us, "It's just great. I feel [person] is much lighter in themselves and engaging more." During our time at the home, people were, amongst other things, engaged in making Christmas decorations, playing dominoes and participating in ball games.

People and their relatives understood how to raise any concerns or complaints about the service, and told us they felt comfortable doing so. The provider had a complaints procedure in place to ensure complaints were handled fairly and consistently, a copy of which was displayed in the home's entrance hallway. We looked at the most recent complaints received by the service, and saw these had been investigated and

responded to in line with the provider's procedure.

At the time of our inspection, no one living at the home was received palliative or end-of-life care. We saw the provider had procedures in place designed to identify people's wishes as they approached the end of their lives in order that these could be addressed.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection in December 2017, we rated this key question as 'Good'. At this inspection, we found improvement was needed in the effectiveness of the provider's quality assurance systems and processes. The rating for this key question is now 'Requires improvement'.

The provider had quality assurance systems and processes in place designed to enable them to monitor the quality of the service provided. This included a rolling programme of audits and checks on key aspects of the service, including the management of people's medicines, people's nutrition, infection control practices and standards of kitchen hygiene. However, we found the provider's quality assurance activities were not as effective as they needed to be. They had not enabled the provider to identify and address the significant shortfalls in the quality and safety of people's care we identified during our inspection. These included shortfalls in the management of people's medicines, risk management procedures, staff recruitment practices and staff training.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider's quality assurance systems and processes were not sufficiently effective.

Since our last inspection, there had been a change in the management of the service. We met with the home's new manager who had been responsible for the day-to-day management of the service for a period of about 10 weeks. They were in the process of applying to CQC to become registered manager of the service. The manager was clearly passionate about people's care, and generally well-regarded by people, their relatives, staff and community professionals. However, we found, in some areas, they lacked sufficient knowledge of the legal and regulatory requirements upon the provider. This included a lack of insight into implications of the Accessible Information Standard upon people's care. The Accessible Information Standard tells organisation what they need to do make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, along with any communication support that they need. In addition, the manager did not have a clear understanding of the 'statutory notifications' required in line with the registered provider's registration with CQC. Registered providers must notify us about certain changes, events and incidents that affect their service or the people who use it. These 'statutory notifications' are an important part of our ongoing monitoring of services. The manager acknowledged there were gaps in their knowledge and the operations manager assured us they would support them in addressing these over the coming weeks and months. We will follow this up at our next inspection.

People and their relatives were satisfied with the overall quality of the service provided. One person told us, "I don't have any problems here about anything …To me, this is a normal life; I'm perfectly happy." A relative said, "I can't fault it [service] … I'm very happy and [person] is being well looked after." They spoke positively about their dealings and communication with the manager, whom they found open and approachable. One relative told us, "They [manager] are always pleasant on the phone and always answer any emails straightaway … I just think she's brilliant. I don't get the impression she would ever flannel people; I feel she's very honest."

Staff spoke about their work with clear enthusiasm, and felt well-supported by the manager. One staff member told us, "I love my job. [Manager] is absolutely fantastic; you couldn't wish for a better manager. We've struck gold!" Staff were clear what was expected of them at work, felt their contribution was valued and were able to approach the manager at any time for guidance and advice. One staff member said, "[Manager] is always thanking us. I've lost count how many times!" Another staff member told us, "[Manager] is really good at listening and allows you to sit down and talk to her. She doesn't shut the door and tell you to come back later."

The community health and social professionals we spoke with commented positively on their working relationships and collaboration with the management team. They felt staff and management were open to their advice, and had confidence any recommendations they made would be acted upon. One professional told us, "I wouldn't doubt that [manager] would put it [recommendations made] in place … What I like is that I can just turn up at any time and am welcomed." Another professional described the manager as, "quite helpful and forward-thinking".

The provider took steps to involve people, their relatives and staff in the service. They achieved this by, amongst other things organising regular staff meetings, producing a quarterly newsletter to update others on events at the home and distributing six-monthly feedback questionnaires to invite feedback on the service. People's relatives felt satisfied with the level of their involvement in their loved ones' care.

Registered providers must display their current CQC rating in their main place of business and on their website. The purpose of this is to provide the people who use the service and the public with a clear statement about the quality and safety of the care provided. We found the provider had clearly displayed their current CQC rating at the premises and 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 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not adequately assessed and managed the risks to people's health and safety.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's quality assurance systems and procedures were not sufficiently effective.