Extrafriend Limited

Glendale Lodge

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on 08 and 11 January 2019, the first day of the inspection was unannounced.

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

Glendale Lodge offers care and support for up to 30 older people, some of whom may be living with dementia. The majority of bedrooms are on the ground floor and have en-suite bathrooms. The service is located on the outskirts of Deal overlooking countryside. At the time of our inspection there were 29 people using the service. Two people received most of their care in bed.

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

The service had last been inspected on 15 June 2016 and was rated Good. At this inspection we found the evidence continued to support the rating of Good. We found one area of improvement within the Effective domain. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People were supported to have maximum choice and control of their lives, the policies and systems in the service supported this practice. Staff had not always supported people the least restrictive way possible. This was an area for improvement.

People were supported to eat and drink enough to maintain a balanced diet and were given choice with their meals. Lunchtime meal choices did not always give people a second substantial main meal option. This was an area for improvement.

People's needs and rights to equality had been assessed and care plans had been kept up to date when people's needs changed. People and health and social care professionals involved in their care and support told us how their general health and wellbeing had improved since living at the service. Staff had the right induction, training and on-going support to do their job. People accessed the healthcare they needed, and staff worked closely with other organisations to meet their individual needs. People's needs were met by the facilities.

Risks to people were assessed on an individual basis and there was comprehensive guidance for staff. People were kept safe from avoidable harm and could raise any concerns with the registered manager.

There was enough suitably trained and safely recruited staff to meet people's needs. People were protected from any environmental risks in a clean and well-maintained home. Lessons were learnt from accidents and incidents. People's medicines had been well managed, medicines were administered safely and there was clear guidance for staff on how to support people to take their medicines.

People told us that staff were caring and the management team ensured there was a culture which promoted treating people with kindness, respect and compassion. Staff were attentive to people. The service had received positive feedback and people were involved in their care as much as possible. Staff protected people's privacy and dignity and people were encouraged to be as independent as possible. Visitors were made welcome.

People received personalised care which met their needs and care plans were person centred and up to date. Where known, people's wishes around their end of life care were recorded. People were encouraged to take part in activities they liked. There had not been any complaints, but people could raise any concerns they had with the registered manager. The provider sought feedback from people and their relatives which was recorded and reviewed.

People were happy with the management of the service and staff understood the vision and values of the service promoted by the owners and management team. There was a positive, person centred and professional culture. The registered manager had good oversight of the quality and safety of the service, and risks were clearly understood and managed. This was supported by good record keeping, good communication and working in partnership with other health professionals. The management team promoted continuous learning by reviewing audits, feedback and incidents and making changes as a result.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service remains Good.

Is the service effective?

Requires Improvement

The service was not consistently effective.

The staff and management team understood the Mental Capacity Act 2005 and how to support people to make decisions. Best interest decisions had not always been made in collaboration with others involved in people's care.

The staff had completed training to help them meet people's assessed needs. Staff received effective support and supervision.

People's needs were assessed before moving in to the service and care plans developed accordingly. People's choices and decisions were respected.

People received medical assistance from healthcare professionals when they needed it.

People had access to food and drink which met their needs and to maintain good health and were supported to be as independent as possible at meal times. Lunchtime meal options did not always give people two main meals to choose from.

The layout of the service met people's needs.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Good

The service remains Good.

Glendale 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 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 inspection took place on 08 and 11 January 2019, the first day of the inspection was unannounced. The inspection was carried out by two inspectors 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.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is information we require registered persons 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 also reviewed the information we held about the service including previous inspection reports. We also looked at notifications about important events that had taken place in the service, which the provider is required to tell us by law. We used all this information to plan our inspection.

We spoke with 14 people about their experiences of living at the service and we observed care and support in communal areas. We observed staff interactions with people. We also spoke with four people's relatives who visited the service. We spoke with eight staff, which included support workers, senior support workers, the deputy manager and the registered manager. We received positive feedback from a relative in writing during our inspection.

We requested information by email from local authority care managers, commissioners and Healthwatch to obtain feedback about their experience of the service. There is a local Healthwatch in every area of England. They are independent organisations who listen to people's views and share them with those with the power to make local services better. Healthwatch told us they had not visited the service or received any comments or concerns since the last inspection. We did not receive any other feedback from health and social care professionals.

We looked at the provider's records. These included five people's care records, care plans, health records,

risk assessments, daily care records and medicines records. We looked at two staff files, a sample of audits, satisfaction surveys, staff rotas, and policies and procedures.

We asked the registered manager to send additional information after the inspection visit, including training records and quality assurance audits. The information we requested was sent to us in a timely manner.

Good

Is the service safe?

Our findings

People told us they felt safe living at the service. Comments included; "I'm happy living here, I feel very safe"; "I feel very safe living here, it's good to know you're being looked after and there is someone here all the time, I don't feel isolated like I did when I lived alone" and "I wanted somewhere where I could feel safe and I feel very safe here." A relative said "Mum is very safe living here, was at risk of falling at home but she has had no falls here."

People continued to be protected from abuse. Policies were in place and available to staff. Staff told us about different types of abuse and were comfortable to report any concerns they had to the registered manager or the provider. Staff were confident that any concerns they raised would be addressed quickly. Training records evidenced that all staff except one new staff member (who was office based) had attended safeguarding training.

The service looked and smelt clean. Housekeeping staff carried out the cleaning in the service. The service had been well maintained. People told us, "I'm happy with the cleaning"; "I think the cleaning is good" and "Clothes washing excellent." Staff had completed infection control training. There was plenty of personal protective equipment (PPE) in place to protect people and staff from cross infection.

Repairs and maintenance of the service had been carried out in a timely manner. Fire alarms had been regularly tested and regular fire drills had taken place. Staff had a good understanding of the fire procedures and how to evacuate people safely. Checks had been completed by qualified professionals to ensure equipment and fittings were working as they should be. Risks relating to the environment had been monitored by regular audits. Audits had identified an issue with water temperatures being too hot at times in communal bath and shower rooms which presented a scalding risk. Warning posters had been displayed. The registered manager had also organised a contractor to fit thermostatic valves to ensure that temperatures were at a safe level.

The registered manager reviewed all accidents and incidents to ensure that relevant action had taken place. Accidents and Incidents were reviewed for patterns and where these occurred they were analysed to identify trends. One person who had tripped several times on the stairs had been moved to a ground floor room which eliminated the need for them to use the stairs. The registered manager had shared newspaper articles and information with staff relating to a person elsewhere in the country who died from drinking cleaning products. A member of housekeeping staff told us, "We have been told not to leave chemicals laying around particularly around those people with dementia."

The provider had not always carried out sufficient checks on all staff. Applications forms had only asked applicants for 10 years of employment history and not a full employment history. Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 clearly states that a full employment history is required. One of two staff files we checked had a large gap of 13 years in the staff members employment history. We discussed this with the registered manager who made immediate changes to the master copy of the application form to prevent this happening in the future and the gaps were explored and amended. The

provider had carried out other relevant employment checks to make sure staff were suitable to work with people.

There were enough staff to support people. Staffing rotas evidenced a stable and consistent staff team. A relative told us, "I think there are plenty of staff, they have taken the trouble to get to know mum very well, the biggest thing is the stable workforce which means mum has consistency and they have built relationships with mum." People told us their requests for help and assistance were answered quickly. Comments included, "[Staff] come quite quickly when I push the bell"; "I carry my call bell around with me but I have never pushed it" and "[Staff] come more or less straight away if I ring my bell."

Risks to people's individual health and wellbeing had been assessed. Each person's care plan contained individual risk assessments. People's care plans and assessments were reviewed by the provider on a monthly basis. We observed staff maintaining people's safety during the inspection. We observed staff reminding people to use the equipment they had been assessed as requiring. Each person had a Personal Emergency Evacuation Plan (PEEP) this detailed the level of assistance they would need to reach a place of safety in the event of an emergency.

Medicines continued to be suitably managed. Staff were trained to follow the arrangements in place to ensure people received their prescribed medicines. Medicines were stored safely and securely. Staff continued to receive training, including refresher training in medicines administration. Medicines were given at the appropriate times and people were fully aware of what they were taking and why they were taking their medicines. People were offered pain relief when they needed it. There was a good system in place to ensure people had access to emergency medicines when they needed it.

Requires Improvement

Is the service effective?

Our findings

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 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 service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. All staff responsible for providing care and support had undertaken MCA training. The registered manager had correctly applied for DoLS within the MCA for people living at the service who were attempting to leave. Some of these applications had been authorised by the local authority at the time of this inspection.

We observed that people made decisions about their care and treatment. We heard people declining and accepting offers of food, drink, personal care, people chose whether to participate in activities. People who had capacity to consent to care and treatment such as agreeing their care and support, had signed consent forms to evidence their consent. People's capacity had been assessed. One person's records showed they lacked capacity to make the decision to remove their dentures for cleaning. Their assessment evidenced that a best interest decision had been made to remove the person's teeth daily to maintain the person's oral hygiene. The record showed that the person resisted this support. The best interest decision had not been made in collaboration with others involved in the person's care (such as relatives or health and social care professionals) and the decision making process had not been recorded. This was an area for improvement.

Most people gave us positive feedback about the food. Comments included, "Food is good and if you don't like anything that is on the menu they will give you something different"; "I'm quite a fussy eater but they manage to please"; "Always something different to eat"; "Supply fruit when I ask, gave me half a dozen apples this morning" and "Food is very good." However, three people were not so complimentary and said, "Food varies, weekends are more relaxed, you get a choice of two meals at lunch time, but they are not too keen if you want something different. They make the sandwiches for tea just after lunch and put them in the fridge sometimes you change your mind but you are lumbered with it"; "I think the food is a bit boring but very good" and "Some of the food is quite low quality it would be nice to have a yoghurt with a bit of fruit in." We spoke with the registered manager about this on the first day of the inspection. They met with people to discuss their wishes and preferences and agreed to introduce some changes if people wanted them. A relative said, "Excellent food I have eaten here. They had a special Christmas lunch before Christmas for residents to invite a friend. They are very good at encouraging mum to eat, she went through a period in the summer when she wasn't eating so they bought in her favourite chocolate eclairs to encourage her. The staff's attention to detail is amazing."

People received effective care and support from staff to meet their nutritional and hydration needs. Staff

offered people choices of drinks throughout the inspection. Meals were sometimes spaced too close together. One person had their breakfast at 11:00 as they had chosen to get up late. Lunch was still served up between 12:30 and 13:00. People had choices of food at each meal time. However, these were not always substantial enough to be a replacement main meal. The second option available was a light meal. This is an area for improvement.

People's care and support records provided very clear information about people's likes, dislikes and allergies. Staff had a good awareness of people's nutritional needs. Hot drinks were served regularly to people who stayed in their room and people in the lounge alike. The service had a dedicated space for a 'Coffee Shop' and this was very popular. People were able to make a tea or coffee for themselves when they wanted to. Snacks such as fruit, cake, crisps, chocolates and biscuits were always available.

People continued to receive appropriate support to maintain good health. People were supported to attend regular health appointments. People told us staff took timely action when they were ill and they say the GP when they needed to. The registered manager and staff detailed how they worked closely with healthcare professionals to ensure people's health needs were well met. This was evidenced throughout people's care records. Since the last inspection the service had joined the red bag scheme. The red bag scheme is scheme put in place to improve transfer pathways between care homes and hospitals. Care staff pack a dedicated red bag that includes the person's paperwork, medicines, discharge clothes and other personal items.

People's needs were assessed, and their care was planned to ensure their needs were met. Holistic assessments of people's needs were carried out before they moved to the service, so their care could be planned. Assessments considered any needs the person might have to ensure that their rights under the Equality Act 2010 were fully respected. This enabled the registered manager to make an informed decision whether the staff team had the skills and experience necessary to support people with their needs and wishes. The assessment identified what support was needed and this was pulled through to the care plan. Where people moved from another care home or a hospital, a transfer of care was completed by the registered manager to make sure they had the information they needed about people for a smooth transition to their new home.

Staff continued to receive the training, support and supervision they required to provide quality care and support. Most care staff had a health and social care qualification. Staff told us they felt well supported by the registered manager and deputy manager. They confirmed the registered manager carried out observations of practice as well as supervision meetings. New staff received an induction into the service which included shadowing experienced staff to enable them to learn about people's care and support needs and their routines and preferences. The induction process also included training and completion of the Care Certificate. The Care Certificate is a course that gives staff just starting in care the basic knowledge of how to care for people.

The design and layout of the service met people's needs. Different areas of the service were painted in different colours. For example, the 'Rose unit' was painted pink. Sign posts were in place. People knew where their rooms were and where to find communal areas such as the kitchen, lounge and toilets. The garden was secure and flat which made it easily accessible.

Good

Is the service caring?

Our findings

People told us staff were kind and caring towards them. Comments included, "I find the carers very caring they are lovely people"; "Being in your own home is the best but this is second best"; "Place is very good and so are the staff"; "Everything is nice I don't think you could moan about anything at all"; "Very eager to look after you and eager to please"; "If you need anything you just have to ask"; "The staff here are so good, you can have a laugh, and they never mind helping us if we need them, they are kind" and "Got to know carers and they have got to know me in return."

People and staff knew each other well, people were called by their preferred names. There was a stable staff team in place. People spoke highly of the staff and told us how they were looking forward to meeting the baby of a staff member who had recently had a baby. One staff member said, "I think the home is very good at caring for residents making sure that they were happy and making them laugh, we are one big happy family."

People were treated with dignity and respect. Staff knocked on doors before entering and checked with people to ensure it was okay to enter. People told us, "They always knock before they come in" and "Always knock and call out who they are before they come in my room."

Staff were caring and observant. They initiated conversations with people and responded to their anticipated needs. A staff member noticed a person slipping to the side of their wheelchair. They immediately brought a cushion to prop the person up and assisted them to move into a more comfortable position.

People were supported to be as independent as possible. Some people managed their own personal care, and some needed more support and guidance. One person told us, "I shower every day independently in the wet room." Staff explained how they encouraged people to do things for themselves such as wash their face, hands and arms. One person said, "I am quite independent, I get myself washed and choose my own clothes." Another person told us, "I keep as much independence as I can, they allow me to do as much as I can," Other people commented, "You can choose when you get up and you can go to bed when you like."

The service had a friendly, calm and homely atmosphere. Staff were smiling and upbeat and took time to chat with people and their relatives. There was lots of laughter. Staff all told us how much they enjoyed working at the service. A relative said, "The carers are very lively on the whole it's pretty good here."

Relatives and visitors were able to visit their family members at any reasonable time and they were always made to feel welcome. A relative said, "Mum is fit and well and it is a pleasure to see, the staff are always very welcoming". Another relative said, "Carers give people a hug, just like having your family in your own home." Other comments included, "Very friendly, always offered tea and coffee" and "I'm here so often I am always greeted as one of the family."

People's rooms had been personalised with their own belongings. People had their own bedding and some

their own curtains. One person had been bought a duvet set for Christmas by the home and was very pleased to be able to have their own personal bedding. A number of people had a telephone in their room. One person told us they would like a telephone as they felt they couldn't "Just pick up a phone and make a call". We spoke with the registered manager about this and they told us that people were able to use the telephones in the service. Some people used their own mobile telephones. People's friends and relatives rang the service to speak with their family members or to gain staff support so that when they telephoned their family member on their mobile telephone staff could support the person to answer it.

People's religious needs were met. There was a regular church service in the service.

People were supported to express their views and they and their relatives were involved in making decisions about their care. Reviews took place regularly. If they people did not have relatives to support them, the registered manager would refer to external lay advocates for support. Lay advocates are people who are independent of the service and who can support people to make decisions and communicate their wishes. Information about advocacy was available to all people living at the service within their welcome pack. No one living at the service currently had an advocate to help them with decision making. However, the registered manager was in the process of trying to get advocacy support for one person.

Good

Is the service responsive?

Our findings

People had care plans in place, which reflected their current needs. Care plans were person centred and contained information about how each person should be supported in all areas of their care and support. Each care plan had a life history section, which had been completed with the involvement of the person and their relatives. This section provided key information about the person's life, hobbies, preferences, religious and cultural or social needs. Care records included details of the person's preferred routine, for example when they wanted to get up or go to bed, and where they preferred to have their meals. People and their relatives (if this was appropriate) were involved in care planning and review of care plans. Some care plans contained a number of changes which had been added as people's needs changed which made the care plan difficult to understand and read. The registered manager took action to address this immediately.

People had been involved in planning and discussions about their wishes and preferences in relation to their end of life care. For example, people's care records evidenced the type of funeral they wished to have and where they wanted to receive treatment at the end of their life. When people had passed away the registered manager carried out an evaluation of the care and support the person received. Staff who were working when the person passed away were asked to report on what went well, what did not go well, any issues or challenges. The reports were evaluated and summarised to evidence that people received a comfortable and pain free death. One person's relatives had written a letter to the service which read, "The family and I all wanted to say how grateful we are to you and all the staff for all that you have done for [person] over the time that she has been with you at Glendale Lodge. Your thoughtfulness, care and compassion for [person] has been wonderful and we have all felt that [person] had fantastic care at the end of her life.'

A range of activities were available for people who lived at the service and people were able to choose if they wished to join in with activities. Some people choose to stay in their bedrooms. A monthly newsletter was produced which contained all the information about forthcoming events and this was backed up with a weekly activity programme sheet, On the first day of the inspection, there were no activities planned. The hair dresser visited on this day and a number of people took up appointments. Other people spent time in the lounge or coffee shop watching television, chatting and receiving visitors. On the second day of the inspection a large group of primary school children and teachers from the local school visited. People were supported to engage and chat with the children which they enjoyed.

People gave us mixed views about the activities, "We have keep fit exercises in the chair, card making on Thursday afternoon, nothing on a Tuesday only the hairdresser and on a Monday the activity person plays cards with someone in their room so we don't really see her"; "The musicians that come have a limited repertoire so we have heard it all before and they are not always well attended. They do bring some people in their wheelchairs"; "I would like some more entertainment"; "I join in with the entertainment but we could always have more"; "I like a bit of a jolly, I always join in with the entertainers"; "Plenty of entertainment but I never go" and "At Christmas there is a pantomime it was Aladdin this year. We spoke with the registered manager about this and they told us that one staff member was currently completing activities coordinator training which would enable the service to provide more person-centred activities.

One person asked that the entertainment be more stimulating, they missed attending her book club and enjoyed jazz music. A relative said "Excellent entertainment, the man that runs the bingo and greyhound racing is encouraging and fun."

The service had a wheelchair accessible vehicle which could be used by relatives to enable them to take their family member out into the community as well as staff using this to support people to access the community as well as attending appointments. One person told us, "Went to Kent and Canterbury (hospital) yesterday in the vehicle and was accompanied to my appointment." A relative said, "We use the vehicle all the time to take mum out."

People and their relatives had been asked about their views and experiences of using the service. People felt they were listened to. One person said, "I attend the residents' meetings and they usually follow up on what is decided." There was a 'You said, we did' board displayed in the coffee shop which showed what changes had been made when people or their relatives had provided feedback. For example, feedback had been received that said, 'We didn't enjoy the traveling zoo.' Action showed 'We cancelled all future bookings.' The management team produced a monthly newsletter to keep people informed about the service, this included information about up and coming activities, birthdays and dates to be noted including date of funeral services. The management team had identified that not everyone could read the newsletter well, so a larger print version had been made.

People and their relatives told us they would complain to the staff or registered manager if they were unhappy about their care. One person said, "I have no problems at all, but I would be happy to make a complaint if I needed to." The complaints policy was on display and gave people all the information they needed should they need to make a complaint. There had been eight complaints about the service within the last 12 months. These had been investigated and resolved to meet people's satisfaction.

Good

Is the service well-led?

Our findings

People told us they knew the management team. We observed the management team interacting with people and responding to people's requests. They knew people and their relatives. People told us, "Fantastically run, the staff are superb"; "Wouldn't change anything they couldn't do any better" and "The management team always treat the slightest thing seriously". A relative said, "If you've got a concern you just tell them. We have had several meetings just to sort out small concerns that mum has got anxious about."

Comprehensive audits and checks were carried out by the management team to check the quality of the service and to make improvements when required. These included monthly medicines checks, infection control, finance audits, care plans, falls, health and safety, staff files and training. The registered manager had undertaken observations, spoken with people and staff and thoroughly checked records and information. Where improvements could be made, the registered manager put an action plan together, actions had been addressed by the registered manager and the staff team.

The management team worked with the commissioners of the service to review people's needs to ensure the service continued to be able to care for them effectively

The provider's website detailed, 'Our mission is to develop an environment in which older people can continue to live full and engaging lives, where the desires of the residents' direct and shape the rhythm of their daily lives. We recognise that the "simple pleasures" in life can never be underestimated.' The aims of the service at Glendale Lodge had clearly been communicated to all staff, they were all working to ensure people were effectively supported with all aspects of their lives including engaging with local community.

There was a registered manager in post. The registered manager had signed up to conferences and events in the local area to help them learn and evolve as well as building a rapport with providers and managers outside of the organisation. The management team had signed up to receive newsletters and information from the local authorities and CQC. They also received information about medical device alerts and patient safety alerts. The management team checked these alerts to ensure that any relevant action was taken if people using the service used medicines or equipment affected.

Staff told us communication was good and there were regular staff meetings to discuss the service. Staff were given the opportunities to feedback and ask questions. Staff felt well supported by the management team. A staff member told us, "The manager and the deputy manager are very supportive, they are kind and very approachable." Another staff member said, "I do feel well supported here if there was ever a problem or a bad experience with a death we are offered counselling. It's a very, very lovely place to work." Staff were thanked in a variety of ways for their commitment and hard work. Staff that have not been off sick for 12 months were awarded one extra day off. A masseur provided fortnightly massages for staff to relieve stress and the provider issued staff with long service awards.

The registered manager received support from the provider. They told us they spoke with the provider daily and regular received supervision sessions and debriefing sessions. The provider carried out regular audits

and checks of the service. The registered manager produced monthly reports for the provider which were shared with all the directors. They received feedback and messages of thanks from the provider which was cascaded to the staff team.

People, relatives, professionals and staff had all been asked for their feedback on a regular basis. Nine people had completed surveys in October 2018, all the feedback was positive. Four relatives had also provided positive feedback in October 2018. Health and social care professionals were surveyed. Four had responded, all were positive and comments included, 'Very well organised' and 'I think it is a very well led home.' A visitor had commented, 'Always a warm welcome. I find all the staff very nice.'

Registered persons are required to notify CQC about events and incidents such as abuse, serious injuries, deprivation of liberty safeguards (DoLS) authorisations and deaths. The registered manager had notified CQC about important events such as deaths that had occurred.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating for their last inspection in the reception area and on their website.