

Jasmine Healthcare Limited

Avenue House Nursing and Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 22 February 2018 and was unannounced.

At the last comprehensive inspection in October 2016 we rated the service overall Good, but the key question 'Safe' was rated requires improvement and the provider was in breach of the Health and Social Care Act Regulations 2014. This was because people's medication was not always managed in a safe way, and staff recruitment procedures did not ensure agency staff were safe to work at the service. We asked the provider to send us an action plan to tell us how they planned to make the necessary improvements.

In January 2017, we carried out a focused inspection to check the actions taken by the provider to improve the medicines management and staff recruitment procedures. We found the necessary improvements had been made and the breaches in regulations had been met. However, the rating remained 'Requires Improvement' under the key question 'Safe' as we needed to see consistent good practice over time.

Avenue House Nursing and Care Home 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.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was still working at the service, however they had taken on another role within the company and a new manager had recently been appointed and planned to submit a registered manager application with the Care Quality Commission (CQC) to registered manager for the service.

The provider had identified shortfalls in terms of their use and storage of hazardous cleaning chemicals and had taken appropriate action to mitigate any individual and environmental risks. They had also taken action to assess the nursing staff competencies. However, more time was needed to ensure their actions to improve the service were fully embedded into practice.

The area used to store moving and handling equipment was cluttered and disorganised, which meant equipment was not always accessible and readily available for use.

There were enough staff employed to meet people's needs and the staff recruitment procedures ensured that appropriate pre-employment checks were carried out to ensure only suitable staff worked at the service.

People received their medicines safely and as prescribed. There were systems in place to ensure the premises were kept clean and hygienic so that people were protected by the prevention and control of

infection. When things went wrong, the provider analysed the cause to learn from incidents to improve safety across the service.

People's care needs were assessed prior to moving into the service. Staff received induction training on commencing work at the service and they received on-going training to ensure they were able to provide care based on current good practice guidance. People had their nutritional needs assessed and were provided with a choice of nutritious meals. People were supported to access health appointments and referred to other healthcare professionals in response to their changing needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People had good relationships with the staff who were caring and treated people with respect, kindness and courtesy. People were encouraged to make decisions about how their care was provided and staff had a good understanding of people's needs and preferences.

The care plans were personalised informing staff about people's specific needs and how they wished to be supported. People and their representatives were involved in the assessment process and on-going care reviews.

Communal and one to one activities were provided for people. The activities were based on people's preferences. There was a complaints procedure in place to enable people to raise complaints about the service. People felt confident in raising any concerns they had directly with the registered manager.

The culture was open and honest and focused on each person as an individual. Staff put people first, and dedicated to continually improving the service. The registered manager and provider regularly checked the quality of care delivered at the service through asking people for feedback and conducting regular quality audits, to drive improvement of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Following a serious incident, the provider had identified shortfalls in their use and storage of hazardous chemicals, and had taken action reduce the risks of people being exposed to hazardous chemicals. They had also taken action in response to concerns about nursing staff competencies. However, more time was needed to ensure their actions were fully embedded into practice.

Moving and handling equipment was not always accessible and readily available for use, this was due to the equipment storage area being cluttered and disorganised.

The improvements as identified at the previous inspections had been maintained. Safe medicines management and recruitment practices were being followed.

Sufficient numbers of suitable were available to support people to stay safe and have their needs met.

Requires Improvement ●

Is the service effective?

The service was effective.

Assessments identify people's needs to establish the service was suitable to meet their needs.

People received care from staff that had the skills and knowledge to meet their needs. Supervision systems provided staff with on-going support.

People were supported to eat and drink enough to maintain a balanced diet. Staff worked with external health and social care agencies to provide effective care.

People's needs were met by the adaptation, design and decoration of the premises.

Good ●

Is the service caring?

Good ●

The service was caring.

People received care from staff that they knew and happy with the care and support they received.

Staff treated people with warmth, kindness and compassion.

People's privacy and dignity was maintained and respected.

Is the service responsive?

Good ●

The service was responsive.

People and their relatives were involved in planning their care and the care they received met their changing needs.

People had information on how to make complaints and felt confident in raising any concerns directly with the registered manager.

People were supported to plan and make choices about end of life care.

Is the service well-led?

Good ●

The service was well- led.

Systems were in place to ensure lessons were learnt from events such as accidents and incidents. The provider worked collaboratively with the local authority, healthcare commissioners and the Care Quality Commission.

People had the opportunity to feedback on the quality of the service. Regular management quality audits took place to identify areas for further improvement and action plans with timescales for completion were set.

Avenue House Nursing and Care Home

Detailed findings

Background to this inspection

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

The inspection was prompted in part by an incident that had raised concerns about the safe storage of cleaning products at the service. Concerns had also been raised about the competency of agency nursing staff working at the service, in response to an incident involving a person falling and sustaining an injury. At this inspection, we looked at what the provider had done to mitigate any further risks and what they had learned from the incidents to prevent people being exposed to further harm.

The inspection took place on 22 February 2018 and was unannounced. The inspection was carried out by two inspectors and an 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. A specialist nurse advisor was also part of the inspection team; they had experience of general nursing and clinical governance.

We used information the provider had sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give key information about the service, what the service does well and improvements they plan to make.

We also looked at the information held about the provider and the service including statutory notifications and enquiries relating to the service. Statutory notifications include information about important events that the provider is required to send us. We used this information to help us plan this inspection. We also took into consideration feedback received from the local authority and commissioners that monitored the care of people placed at the service.

We spoke with nine people who used the service and three visitors. Six care staff, two senior care staff, one registered nurse, an activity person, two housekeeping staff, two catering staff, three maintenance workers, the registered manager and the newly appointed manager.

We reviewed the care records, including the risk assessments for seven people who used the service, the medication storage, medicines administration records, and the accident and incident records. We reviewed five staff recruitment files and the staff training and supervision records and records relating to the day-to-day management and oversight of the service.

Is the service safe?

Our findings

At the last comprehensive inspection of the service in October 2016, we rated 'Safe' as 'Requires Improvement' and the provider was in breach of Regulation 12 and 19 of the Health and Social Care Act Regulations 2014. This was because systems to manage medicines and staff recruitment processes were not robust.

In January 2017, we completed an unannounced focused inspection to check the provider had followed their plan to improve the medicines management and staff recruitment systems. The inspection found the provider had made the necessary improvements but time was needed to embed the improvements to the medicines management systems. In April 2017, we carried out another unannounced focused inspection to check the improvements to the medicines management systems had been sustained.

Although the inspections found the provider had made the necessary improvements, the rating under the key question 'Safe' remained 'Requires Improvement'. This was because we needed to see consistent good practice over time.

This inspection was prompted in part by an incident at the service that raised concerns about the safe storage of cleaning products. The provider was in the process of investigating the incident and had put additional safety measures in place to reduce the risks of people being exposed to harmful cleaning products. A full review of all cleaning products had taken place, to ensure only the least hazardous cleaning products were used. Staff meetings had taken place to stress the importance of keeping people safe from entering hazardous areas within the home. A shed to store hazardous chemicals outside of the home had been purchased and was in the process of being erected in the garden. The actions taken by the provider demonstrated that lessons had been learned to improve safety, however more time was needed to ensure the changes were embedded into practice.

At this inspection, we found the area used to store moving and handling equipment was cluttered and disorganised posing a hazard to staff and people using the service. Wheelchairs, hoists, walking and standing frames were stored in the area, just off the main lounge. The area was so cluttered the sliding door was unable to be closed, disused equipment and equipment that was unable to be used was taking up space. For example, wheelchairs without footplates and standing frames that were no longer in use. This did not allow safe ready access to the moving and handling equipment.

Each person had individual hoist slings; however, in the equipment storage area we found hoist slings with torn manufacture labels, slings that were un-named, and a sling belonging to a person that had passed away. This could pose a risk with staff using slings not assessed for people, but upon questioning staff, they told us people had their own hoist slings kept in their bedrooms. The registered manager disposed of one sling that was not fit for purpose during the inspection.

We observed staff using a hoist to assist a person sitting the lounge to move position. We noted one member of staff whilst assisting the person to move caught their head on the candelabra light fitting attached to the centre ceiling. Whilst this light fitting looked attractive, the suitability of such light fittings in an area where

people required the use of a hoist was not practical or safe.

Risk assessments for people using the service, identified specific risks and environmental risks to the person. Falls risk assessments identified the level of support people required to mobilise safely, they were reviewed monthly or sooner as people's needs had changed. People identified at high risk of falls were referred to the falls protection service (FPS). We reviewed the care plan and risk assessments in relation to one person assessed at high risk of falls. The person had been referred to the FPS, the staff knew the needs of the person and followed the advice of the FPS, ensuring the persons walking frame was within their reach and always used when mobilising.

Records showed that accidents and incidents were monitored and reviewed monthly by the registered manager and the quality manager, and when people's needs had changed, the assessments were reviewed and updated to reduce the risks of repeat incidents.

Safeguarding concerns had been appropriately reported to the Local Safeguarding Authority (LSA).

Staff were knowledgeable of the safeguarding and whistleblowing procedures. They were able to describe how and what they would do if they suspected or witnessed any form of abuse. The safeguarding reporting procedures were on display for staff to refer to if needed and the provider had reported safeguarding concerns to the LSA and carried out safeguarding investigations appropriately.

Infection control audits were undertaken and included action plans where areas had been identified for further improvement. The service appeared visibly clean and decorated to a good standard.

People told us they received their medicines as prescribed. The provider had sustained the improvements to the medicines management systems. The medicines administration records (MAR) gave clear instruction on the frequency and dose of prescribed medicines and staff had consistently signed the MAR charts when administering medicines to people. Protocols were in place for the administration of medicines prescribed to be given 'as required' to ensure people were given their medicines in a safe consistent way, and controlled drugs (CD) were stored and administered appropriately. We saw pharmacy audits had recently taken place, some recommendations to improve practice made had been made, and prompt action had been taken to ensure the recommendations were put in place.

The provider had sustained the improvements to the staff recruitment processes. Records showed pre-employment information had been obtained to demonstrate the necessary suitability checks were carried out. These included checks through the government body Disclosure and Barring Service (DBS), attaining written references and documentation to verify the applicant's identity and eligibility to work in the United Kingdom. Nursing staff employed at the service also had 'fitness to practice' checks carried out through the Nursing and Midwifery Council (NMC) to ensure they were registered and had no imposed practice restrictions in place. The registered manager told us they had reduced the use of agency nursing staff and when agency staff were needed, they used the same staff to maintain continuity.

On the day of the inspection, there was sufficient staff available to meet people's needs. However, we received mixed comments from people using the service. One person said, "The staff are hard pushed getting us to bed at night, sometimes they are too busy. However, they try to come quickly; I know most of them by sight, but I do not remember their names. [Name of staff] is very good, they have time to talk, but not for long conversations." Another person said, "The regular staff are brilliant, I need two members of staff to help to move me so have to wait for their colleague occasionally." Another person said, "Some days the staffing is reasonable, but they always seem short of staff."

We reviewed the staff rota for day and night. We saw that agency nurses were booked to work on average three shifts per week; we were informed that the service used the same agency nursing staff that were familiar to the service and through a particular agency thereby maintaining a degree of continuity. All of the staff spoken with considered there was enough staff on duty.

Is the service effective?

Our findings

People's needs were assessed prior to them moving into the service to make sure staff were able to provide the correct care. People were encouraged to be involved in putting together their care plans and on-going care reviews. One relative said, "I always check with the staff every 12 weeks to make sure [Name of person] has had their injection, (to treat a medical condition). Another relative said, "I look at that the paperwork file to check [Name of person] is receiving their care."

People received care and support from staff that were knowledgeable and had the required skills to carry out their roles. One person said, "The staff seem to know what they are doing, I have not had any cause to think otherwise." Another person said, "The staff are well trained, I have a stiff neck and had the physio today, I have been left some exercises to do. The staff help me, the physio will come back in a few more weeks with some equipment to help me with walking again."

Prior to the inspection a concern had been raised regarding the competency of an agency nurse working at the service. The registered manager said they had reduced the use of agency nursing staff, and that competency assessments were being carried out with all nursing staff employed at the service. On the day of inspection, a registered nurse was having their competency assessment carried out by a qualified nurse manager from another home within the company.

All staff spoken with confirmed they received regular training and development. One staff member said, "We discuss any training needs in supervision meetings." We saw from staff training records that training such as manual handling, infection control and safeguarding were regularly refreshed and all staff received an induction when they first commenced employment.

Staff one to one supervision systems were in place and staff said they were supported and encouraged to do more training. Records showed that scheduled supervision and appraisal meetings had taken place, but some meetings were overdue. The registered manager said that this had been identified in the internal audits and plans were in hand to ensure all staff received regular supervision and an annual appraisal.

People were supported to maintain a healthy balanced diet and people at risk of not eating and drinking enough received the support that they required to maintain their nutritional intake. We received mixed comments from people about the quality of the meals. One person said, "The meals are hot and served at the right time, but they are very bland and not enough taste. I like curry, but the curry here has no flavour, no spices. My daughter brings me in chocolate and fruit. I enjoy my sandwiches here; in fact I can have two lots if I want to." Another person said, "I have a cooked breakfast every morning at 8.15 am. It's hot and good quality, you can have everything, I would rate the meals 8/10." Another person said, "I don't like the corn beef hash, but the roast chicken and Yorkshire pudding is okay, as long as they [staff] cut it up for me to eat."

We saw that people had jugs of fresh water available within their reach. However, we noted that some water jugs had cloudy water, sitting in the full sun getting warm; this was brought to the attention of the registered

manager to bring to the staffs attention.

People had a nutrition and hydration care plan in place and we saw that referrals to the dietician and speech and language therapist had been made when required and advice followed. One relative said, "[Name of person] had lost weight, but is now putting a little bit of weight back on again, the staff weigh [Name of person] regularly." We saw people had their weight checked on a monthly basis and any concerns of potential weight loss, triggered a dietician referral the involvement of a dietician was evident within the care plans we reviewed. The catering staff knew the specific dietary needs of people using the service, which people required a soft diet and meals to be pureed. We observed that the meals were well presented this included pureed food. We observed people receiving their lunch, staff assisted people to eat and drink, one person in the dining room called out "Lovely meal very tasty!"

The service worked and communicated with other healthcare professionals to enable people to access effective healthcare and support. One person said, "The GP that comes here is very good." We saw that people had been referred to the tissue viability nurse, speech and language and community psychiatric nursing services as required. This ensured that qualified healthcare professionals were involved in the assessment process and people's on-going care and staff were kept up to date with current legislation, standards and best practice. In response to safeguarding concerns the provider had put in place action plans with timescales for completion, and had CQC, the local authority and clinical commissioning group informed through weekly updates.

Avenue House Nursing Home was arranged over two floors with passenger lifts and stairs for people to access the different floors. One relative said their family member felt sick when using the hoist, and they chose to stay in their bedroom. They said that in the summer they liked to sit at their large open patio window where they could see the enclosed garden with bird feeders. We saw a garden bench was placed just outside the patio door for the person's visitors to use. People had personalised their bedrooms, with an array of family photos and other small personal items, which made the bedrooms look homely. There were two double bedrooms to enable people in relationships to continue to stay together in one room.

There was some signage to indicate the locations of bathrooms, toilets and showers. There was a library room that could be used as a quiet area and another room that was planned to be decorated in a 1940/50's theme. The room contained a pram, piano and various reminiscence items.

The reception area contained information for people and their relatives. There was a local magazine called 'The reporter', which contained information about what was on in the local area. Information leaflets on 'help for the bereaved' and information and facts sheets on Alzheimer's and dementia support services in Northamptonshire.

Electric car charging points were available in the car park for visitor's convenience to charge their vehicles, whilst visiting their loved ones.

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 were 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 less restrictive as possible.

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 MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Our

observations showed that people were encouraged to make decisions about their care and their day-to-day routines and preferences.

The registered manager and staff understood their roles in assessing people's capacity to make decisions. One new staff member said they had completed training on MCA and DoLS legislation during their induction training " Another staff member said, "Everyone has the right to make decisions with regard to their care, but if people lack capacity someone has to make that decision in order that we do not break the law." All staff spoken with said they had received this training and understood and worked in line with the principles of the legislation.

People within the service had been appropriately assessed and had DoLS authorised for their support where required. The DoLS records identified the reason for the referral, the date of the referral, the date of authorisation and the expiry date of the authorisation. Records also showed which people using the service had a lasting power of attorney appointed.

Is the service caring?

Our findings

People were treated with kindness and respect. All people spoken with confirmed the staff respected their wishes and felt the staff were caring. One person said, "It's remarkable here, I have a nice little room, my bed is comfortable and I have a good night's sleep." Another person said, "I am very happy here, very settled." A relative said, "The staff are so friendly, I come here every day, I am always made very welcome, the staff and [Name of person] get on very well together."

People looked happy and contented in the company of staff and we saw staff worked at a relaxed pace, chatting with people as they went about their tasks. One of the nursing staff said, they had previously left the home, but returned, they said they loved working at the home. They spoke of how some people found situations difficult to cope with, they said, "Tea, biscuits and lots of listening always helps reassure people." Space was provided for people and relatives to meet in private. There was a library room that was spacious and had a cosy feel. We were told this area was sometimes used for parties and recently had been used as an area for the family of a deceased person to meet up after their family member's funeral.

We observed many caring observations throughout the inspection. For example, one person began to show some signs of distress. A staff member of staff quickly identified this and sat beside the person gently stroking their hand, which eased the person's distress and had a calming effect.

The staff worked as a team, as they went about their day to day tasks, stopping to spend time with people. For example, the housekeeper had lively conversations with people, while they went about their cleaning duties. One person blew a kiss to a member of staff as they were passing and the member of staff blew one back, this response made the person smile and laugh.

Dignity and privacy were a core value in the staff training. Throughout the inspection, we observed staff interactions were very kind and courteous. We observed that staff knocked on people's doors and were conscious of ensuring privacy. One person said, "I close my door at night, but in the day time I like to have it open. The staff respect me; they close the curtains when necessary and open the windows for me."

Information was made available to people, their families and other carers about external bodies, community organisations and advocacy services that can provide independent support and advice. At the time of the inspection, we were told that no people using the service were receiving support from an external advocate.

There was a policy on confidentiality to provide staff with guidance about the importance of confidentiality. Information about people was shared on a need to know basis. Staff respected people's confidentiality, however we noted that information was stored on a computer based in the corner of the lounge areas. Although access to the computer system was password protected, staff need to be mindful to ensure they log out of the computer when not in use to ensure that information about people complied with the Data Protection Act.

Is the service responsive?

Our findings

People told us that they were happy with the care they received. Before people moved to the service they and their families participated in an assessment to ensure their care needs could be met. The involvement of people and their relatives in the assessment and care planning process was evident within the care files viewed.

Staff had an understanding about person-centred care. One member of staff said, "Person-centred care is when you put the person in the centre, consider their needs, wants and choices." Another member of staff said, "People have different needs, you provide care the way people want it." The care plans gave sufficient information about each person's needs and how they wanted to be supported. They gave information about people's backgrounds, previous occupations, hobbies interests and cultural needs.

People were encouraged and supported to develop and maintain relationships with people that mattered to them. A visitor said they visited their relative every day, the person said, "I'm very fortunate I always have visitors."

An activity person had recently been appointed and they were very enthusiastic in looking at ways of providing activities to ensure every person was included, if they wished. One person said, "The activity carer comes and sees me she's very good she brings me a lot of DVD's she doesn't work Saturday or Sunday though." Another person said, "I have spoken with the activity carer and I have a poster on the wall of forthcoming events."

The activity person had only been in post for five weeks, they were very keen to get to know each person using the service and help develop their individual social events and activities. They said since taking up post they had been going through old activity equipment, old board games, which have been damaged and sorting it all out and with people's involvement setting up programs for seasonal events and fundraising events. They told us that each day they made sure they visited each person that was being cared for in bed to provide company, talking, reading to people and providing sensory activities such as therapeutic hand massage. In the morning, we saw a small group of people were involved in an art and craft activity. In the afternoon, people in the lounge were invited to take part in a group general trivia quiz. We also saw that exercise and motivation sessions were delivered by an external therapist, and a pet dog therapy service visited approximately every three to four weeks.

People had the opportunity to attend religious services held at the service. Although one person said, they did not attend church they said they liked to pray in private in their bedroom." The staff said this person liked listening to their radio, playing hymns and singing along."

The provider looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publically funded care to ensure people with a disability or sensory loss can access and

understand information they are given.

Information on how to make a complaint was made available for people. All the people we spoke with told us they knew how to make a complaint or raise any concerns they may have. We saw procedures in place to deal with complaints effectively and records were fully completed. One member of staff said, "You have to listen to what people are saying, that is the difference between good experiences and bad experiences, you have to let the manager know as soon as possible and document in the persons care file." Another member of staff said, "There is policies and procedures to be followed, you must share any issue with management."

Records showed that complaints brought to the attention of the provider had been responded to appropriately in line with the provider's complaints procedures. For example, a relative had complained, that when staff meetings took place, their relatives care needs were not being attended to and felt they were being neglected. The provider took on board the comments and as a result, they alternate staffs attendance at meetings, so there was always staff available during the staff meetings. Another complaint about a piece of clothing that had gone missing, which had been replaced by monetary value so the relative could replace the item of clothing.

The service provided end of life care and people were involved in sharing their wishes regarding end of life care. The staff had received appropriate training to provide end of life care, although at the time of the inspection, no people were receiving any active end of life care.

Is the service well-led?

Our findings

People and relatives were very positive about the staff and the registered manager. One person said, [Name of manager] calls a spade a spade, you will always get an honest answer." Another person said, "If I send a message to see her, [registered manager] she will always come to see me, she is very approachable." Relatives told us they could speak with the registered manager at any time and that they had an open door.

We received positive feedback from the staff about the registered manager. One member of staff said, "I love working here, everyone is so friendly, there is a nice atmosphere, the manager and the nursing staff are very supportive."

During our inspection, we saw that people using the service, visitors and staff were comfortable interacting with the registered manager and a positive and open working atmosphere was present. All the staff we spoke with were aware of their role and responsibility, and understood what was expected of them. They told us they had the opportunity to feedback and discuss any concerns as a team, and said the registered manager listened to them. We saw minutes of staff meetings held, and staff we spoke with confirmed they took place.

People had the opportunity to feedback on the quality of the service. People told us that regular resident meetings took place and we saw the dates of forthcoming meetings were on display in the reception area, inviting people to attend the meetings or just to join people for a coffee. Records confirmed that subjects discussed included the menus, changes at the service and activities.

Monthly audits took place covering all aspects of the service and service delivery, areas identified for further improvement had action plans in place with timescales for completion. The registered manager and the quality compliance manager met each month to discuss the results of the audits and minutes of their meetings were recorded.

Following the serious incident that had prompted this inspection the provider had taken immediate action to mitigate the risks of a repeat incident. They had also taken the decision to place a voluntary suspension on admitting any new people into the service. This was so they could focus on ensuring the safety of all people using the service before admitting any new people into the service.

The provider worked openly with the local authority and commissioners. This included raising safeguarding alerts and liaising with social work teams and other professionals when appropriate, to ensure people's safety. We saw that the service was working on a current action plan for improvements with the local authority and healthcare commissioners. We looked at some of the areas that improvements had been required, and saw that positive progress was being made.

The provider had kept the Care Quality Commission (CQC) informed through weekly updates on the actions taken to meet their action plans. They also submitted statutory notifications of events to CQC as required by law.

The latest CQC inspection report rating was on display at the service. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.