Mr & Mrs L E Ansell

The Manse Nursing Home

Inspection report

Kirkgate
Kirkham
Preston
Lancashire
PR4 2UJ

Tel: 01772686684

Date of inspection visit:
07 August 2017

Date of publication:
31 October 2017

Ratings

Overall rating for this service	Requires Improvement

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?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 07 August 2017 and was unannounced.

The Manse Nursing Home is registered to provide 24-hour care for up to 44 people. Bedrooms are located on the first and ground floors and all have ensuite facilities of a toilet and washbasin. Lounges and dining rooms are on the ground floor. The home is close to the centre of Kirkham with easy access to shops and local amenities. There are small gardens to the front and sides of the home, with patios and seating areas, accessible via ramps. At the time of our inspection visit, there were 41 people who lived at the home.

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

At the last inspection in October 2016, we found the provider was not meeting the requirements of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The breach related to safe care and treatment around medicines management. Following that inspection, the provider sent us an action plan which told us how they planned to make improvements for people who used the service. During this inspection, we checked to see what improvements had been made. We found the provider had made positive changes and the service was now meeting legal requirements.

We saw staff used safe systems when administering medicines. Medicines were safely and appropriately stored and secured safely when not in use. We checked how staff stored and stock checked controlled drugs. We noted this followed current National Institute for Health and Care Excellence (NICE) guidelines.

However, we found guidance for staff on the use of medicines prescribed for use 'as and when required' was not sufficiently detailed. We have made a recommendation about this.

The registered manager told us they observed medicines administration, but had not recorded any formal checks on staff competency. Following our inspection, we received assurances from the provider that checks on staff competency to administer medicines were being undertaken and recorded.

A range of audits and checks were available for the registered manager to use to assess, monitor and improve the service. However, these were not being completed as regularly as they should have been, due to a member of the management team being on extended leave from duty. This meant areas for improvement may not be identified and addressed in a timely manner. Following our inspection, we received assurances from the provider that quality assurance checks were now taking place as planned.

Environmental risks and risks to individuals were assessed and measures put in place to reduce or remove them, in order for care and support to be provided safely. Sufficient information was available to guide staff

on how to support people safely.

We found staffing levels were regularly reviewed to ensure people were safe. There was an appropriate skill mix of staff to ensure the needs of people who lived at the home were met. Recruitment processes were used to ensure only suitable staff were employed to work with people who may be vulnerable.

Staff received training related to their role and were knowledgeable about their responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs.

Staff had received safeguarding vulnerable adults training and understood their responsibilities to report any unsafe care or abusive practices related to the safeguarding of vulnerable adults. Staff we spoke with told us they were aware of the safeguarding procedure.

People told us they were involved in planning their care and had discussed and consented to their care. We found staff had an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems within the home supported this practice.

People told us they were happy with the variety and choice of meals available to them. We saw regular snacks and drinks were provided between meals to ensure people received adequate nutrition and hydration.

We found people had access to healthcare professionals and their healthcare needs were met. We saw staff responded promptly when people had experienced health problems.

Comments we received demonstrated people were satisfied with their care. The management and staff were clear about their roles and responsibilities. They were committed to providing a good standard of care and support to people who lived at the home.

Care plans were organised and had identified the care and support people needed. We found they were informative about care people had received. They had been kept under review and updated when necessary to reflect people's changing needs.

People told us they were happy with the activities organised at the home. The registered manager explained this was an area they had identified for improvement to ensure people were able to participate in activities that were meaningful to them.

A complaints procedure was available and people we spoke with said they knew how to complain. People and staff spoken with felt the registered manager was accessible, supportive and approachable.

The registered manager had sought feedback from people who lived at the home and staff. They had consulted with people for input on how they could continually improve the service people received.

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.

People received their medicines correctly according to their care plan. However, protocols for the use of 'as and when required' medicines lacked detail.

Personalised guidelines around risk management were in place. Staff were aware of assessments to support people and manage risk.

There were enough staff available to meet people's needs, wants and wishes. Recruitment procedures the provider had were safe.

Staff had been trained in safeguarding and were knowledgeable about how to recognise and report abuse.

Is the service effective?

Good

The service was effective.

Staff had the appropriate training and regular supervision to help them to meet people's needs.

Staff were aware of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and had knowledge of the process to follow.

The home provided a range of food and drinks to help meet people's nutritional needs. People's specific needs were catered for.

Is the service caring?

Good

The service was caring.

People who lived at the home told us they were treated with dignity, kindness and compassion in their day-to-day care.

Staff had developed positive caring relationships and spoke about those they cared for in a warm, compassionate manner.

People were involved in making decisions about their care and the support they received.

Is the service responsive?

Good

The service was responsive.

People received care that was responsive to their needs, likes and dislikes.

The provider gave people a flexible service, which responded to their changing needs, lifestyle choices and appointments.

People told us they knew how to make a complaint and felt confident any issues they raised would be dealt with.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The provider had ensured there were clear lines of responsibility and accountability.

Some people and staff we spoke with felt the registered manager was supportive and approachable. Other people told us they did not know who the manager was.

The registered manager had oversight of and acted to maintain the quality of the service provided. However, checks had not been undertaken as frequently as they should have been in order to monitor the quality of the service.

The provider had sought feedback from people, their relatives and staff.

The Manse Nursing 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 team consisted of one adult social care inspector 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. The expert by experience had experience of caring for older people.

The inspection was prompted in part by notification of an incident following which a person using the service sustained a serious injury. This incident is subject to a criminal investigation and, as a result, this inspection did not examine the circumstances of the incident.

However, the information shared with the Care Quality Commission about the incident indicated potential concerns about the management of risk of falls. This inspection examined those risks.

Prior to this inspection, we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are submitted to the Care Quality Commission and tell us about important events the provider is required to send us. We spoke with the local authority to gain their feedback about the care people received. This helped us to gain a balanced overview of what people experienced accessing the service.

We spent time in communal areas of the home so we could observe how staff interacted with people. We also observed how people were supported during meal times and during individual tasks and activities.

We spoke with a range of people about this home including 11 people who lived at the home and five visiting relatives. We spoke with the registered manager and five staff members during the inspection. We spent time observing staff interactions with people who lived at the home and looked at records. We checked documents in relation to three people who lived at the home and four staff files. We reviewed records about medicine administration, staff training and support, as well as those related to the

management and safety of the home. We also checked the building to ensure it was clean, hygienic and a safe place for people to live.

Requires Improvement

Is the service safe?

Our findings

People we spoke with all told us they felt safe at The Manse Nursing Home. Comments we received from people included, "Yes, I think I'm safe. There's always one of the girls [staff] around if you need something." And, "I feel safe. The staff are very good." People told us they received their medicines when they should and felt the home was kept clean and tidy. A visiting relative commented, "[Relative] gets his medication on time. He has them at odd times but they always get them to him on time."

When we last inspected the home in October 2016, we found the provider was not meeting legal requirements in relation to safe care and treatment. Staff did not follow safe medicines management practices. Medicines were left unattended and accessible to anyone. Medicines administration records (MARs) were completed before medicines had been administered. This was a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following that inspection, the provider sent us an action plan which told us how they planned to make improvements for people who lived at the home.

During this inspection, we found improvements had been made in these areas. We spent time observing how staff administered medicines and noticed they followed best practice guidance. Staff we spoke with confirmed they had received training to administer medicines, which we confirmed when we reviewed the service's training records. This showed the provider had made improvements to ensure they were meeting legal requirements.

During this inspection we, looked at the administration and storage of medicines and related documentation. The medicines were stored in a locked trolley, which when unattended, was in a locked room. Staff members administered people's medicines by concentrating on one person at a time. There was a chart for each person that gave instruction and guidance specific to that individual. Each person had a medication administration recording form (MAR). The form had information on prescribed tablets, the dose and times of administration. There was a section for staff to sign to indicate they had administered the medicines.

However, we found guidance for staff on the use of medicines prescribed for use 'as and when required' was not sufficiently detailed. When we asked staff who administered medicines, they could tell us who needed medicines 'as and when'. Staff knew what they were for and how they decided whether to administer medicines, when people could not ask for them. This information, including what dose to administer if it was variable, should be recorded. This would provide consistency for people who were prescribed 'as and when required' medicines.

We recommend the service reviews their systems and processes for 'as and when required' medicines, to ensure information to guide staff is available.

We looked at how the provider assessed and managed risks for individual people. We found the provider used a variety of systems to assess and manage risks. We saw documentation which showed risks relating to

falls, behaviour, nutrition, pressure sores and swallowing, among others, were assessed by staff. Plans to reduce or remove these risks were written by staff and held in people's written plans of care. This provided guidance on how to manage risks for each person. Staff were knowledgeable about people's individual needs and supported them to remain safe.

We spoke with the registered manager who showed us documentation and explained how they managed environmental risks, including infection control. We found they had assessed risks, related to fire, loss of utilities and the premises in general. We saw plans to reduce risks had been put in place.

We found the provider had followed safe practices in relation to the recruitment of new staff. We looked at four staff files and noted they contained relevant information. This included a Disclosure and Barring Service (DBS) check and appropriate references to minimise the risks to people of the unsafe recruitment of potential employees. Staff we spoke with told us they did not start work until they had received their DBS check. This showed staff were always recruited through an effective recruitment process that helped to ensure only suitable candidates were employed to work with people who may be vulnerable.

We asked about protecting people from abuse or the risk of abuse. Staff understood how to identify abuse and report it. They told us they had received training in keeping people safe from abuse and this was confirmed in staff training records. Staff told us they would have no concern in reporting abuse and were confident the manager would act on their concerns. Staff also told us they knew where to find the contact details for external agencies if they needed to report concerns to them.

People who lived at the home and staff told us there were sufficient numbers of staff available at all times to meet people's needs. We looked at staffing levels and observed care practices. We found staffing levels were suitable with an appropriate skill mix to meet the needs of people who lived at the home.

During the inspection, we had a walk around the home, including bedrooms, bathrooms, toilets, the kitchens and communal areas of the home. We found these areas were clean, tidy, and well maintained. People commented positively about how clean the home was. We observed staff made appropriate use of personal protective equipment, for example, wearing gloves when necessary. One person told us, "The place is very clean. The rooms are kept nice the beds are kept clean."

During the walk around the home, we checked the water temperature from taps in bedrooms, bathrooms and toilets; all were thermostatically controlled. This meant the taps maintained water at a safe temperature and minimised the risk of scalding.

We found equipment had been serviced and maintained as required. Records were available confirming gas appliances and electrical equipment complied with statutory requirements and were safe for use. Equipment including moving and handling equipment (hoist and slings) were safe for use. We observed they were clean and stored appropriately, not blocking corridors or being a trip/fall hazard. The fire alarm and fire doors had been regularly checked to confirm they were working. Legionella checks had been carried out.

As part of our inspection, we looked at how accidents and incidents were recorded. These were documented appropriately and in detail. The registered manager showed us examples of investigations they had undertaken into accidents and incidents. We saw they analysed each event and took action to reduce the risk of them happening again.

Good

Is the service effective?

Our findings

People we spoke with told us they felt the staff were effective and they had as much choice and control as possible over the service they received. People told us their ongoing health needs were met. This included visits to or from external healthcare professionals, such as GPs, chiropodists and other specialist services. One person told us, "The care is very good and the staff are very good too." Another person commented, "The care is very good. The staff are excellent." Visiting relatives were complimentary about the care provided to their loved ones and one described the staff team as, "Brilliant."

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 when this is in their best interest and legally authorised under the MCA 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA 2005.

We talked with people and looked at care records to see if people had consented to their care where they had mental capacity. People told us they were able to make decisions and choices they wanted to make. They said staff did not restrict the things they were able, and wanted, to do. We observed staff always spoke with people and asked their permission before providing any assistance.

We looked at the care and support provided to people who may not have had the mental capacity to make decisions. Staff demonstrated a good awareness of the MCA code of practice and confirmed they had received training about how to support people to make decisions and act in their best interests.

We saw the provider placed restrictions on some people for their safety, such as not leaving the home unescorted or using bed rails to reduce the risk of falls. We saw this had been assessed and was as least restrictive as possible. We saw the provider had made applications under DoLS for these restrictions. We saw records of best interests decisions which, as far as possible, involved the person concerned.

The registered manager told us they had carried out work to find out what sort of foods people would like to see on the menu and implemented this. People's preferences and dietary needs were communicated to kitchen staff so they could be catered for. During our lunchtime observations, we saw people enjoyed their meals and gave positive feedback to staff. Where people required assistance to eat and drink, we saw staff provided this in a sensitive and patient manner. Comments we received about the food included, "I like the food here. I get everything I require." And, "The food is very good."

The Manse had been awarded a five-star rating following their last inspection by the 'Food Standards

Agency'. This graded the service as 'very good' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping.

We spoke with staff members, looked at the training matrix and individual training records. Staff members we spoke with said they received induction training on their appointment. They told us the training they received was provided at a good level and relevant to their work. A senior member of staff told us, "All staff are absolutely brilliant. We have a long-standing staff team. Everyone is well-trained."

We saw from training records and staff we spoke with told us they had received a wide range of training. Training staff had received included safeguarding adults, moving and handling, infection control, the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff felt the training they received helped to allow them to fulfil their role effectively.

Staff we spoke with told us they had regular supervision meetings and felt well supported by each other and management. Supervision was a one-to-one support meeting between individual staff and the registered manager or a senior member of staff. They helped staff to review their training needs, role and responsibilities, as well as any concerns they had about people who lived at the home. This helped to ensure staff were supported to carry out their role effectively.

People told us they were able to see their GP, dentist and chiropodist, when they wanted to and only had to ask staff to arrange an appointment. Staff had documented involvement from several healthcare agencies to help manage people's healthcare needs. We observed this was done in an effective and timely manner. Records we looked at showed involvement from various health professionals such as GPs and specialist practitioners This confirmed good communication protocols were in place for people to receive continuity with their healthcare needs.

Good

Is the service caring?

Our findings

People we spoke with gave us positive feedback about how caring staff were. For example, one person described staff as, "Very nice people." Another person told us, "I'm happy here. The staff are very good, if I want something they'll try to provide it." During our observations, we saw staff were kind, caring, compassionate and respectful during their interactions with people. Staff got down to people's eye level and gave people time to respond during interactions. We observed people were comfortable in the presence of staff.

Visiting relatives we spoke with also gave positive feedback about how caring the service was. One told us, "[Relative] has been here for three weeks, we are quite happy with it. The staff are lovely and friendly." Each visiting relative we spoke with told us they could visit whenever they liked and were made to feel welcome.

When we looked at people's written plans of care, we saw people had signed to say they had given consent to the care and support that had been planned. People we spoke with confirmed they had been involved in planning their care, in order for them to influence how it was provided to them. Relatives we spoke with told us, where appropriate, they were involved in meetings to review the care provided to their loved ones.

With regard to advocacy services, the registered manager, confirmed if someone did not have friends or family, they would make them aware of advocacy services during the care planning process. An advocate is in independent person who can act in a person's best interests. This helped to ensure people were represented where they did not have friends or family to act on their behalf.

People we spoke with told us they had a good relationship with the staff who supported them. Staff we spoke with confirmed they had time to get to know people well. The registered manager told us they felt it was important for the staff team to build and foster positive relationships with people in their care. One staff member commented, "We use people's care plans and speak with them to get to know them and build relationships with them." They went on to tell us, "I find it fulfilling, making sure everyone gets what they need." Other comments we received from staff included, "I love the job and we all love the residents." Another staff member told us, "I treat people how I would like to be treated." And, "The [staff] team is great. Everyone is willing to go above and beyond, which really makes a difference."

We observed staff spoke with people in different ways depending on how the person preferred to be addressed. For example, we observed people enjoying banter with staff, while other preferred to be addressed more softly, to which they responded positively. Our conversations with staff confirmed they knew people well, including their likes and dislikes. This helped to ensure people received a personalised service.

We noted people's dignity and privacy were maintained throughout our inspection. Staff knocked on people's doors before entering. People we spoke with confirmed this was usual practice and raised no concerns about privacy or the approach of the staff team.

When we visited people in their rooms, we saw the rooms had been personalised with pictures, ornaments and furnishings. Rooms were clean and tidy which demonstrated staff respected people's belongings.

Good

Is the service responsive?

Our findings

People we spoke with told us they felt the care and support they received was responsive to their needs. They explained staff reviewed their plan of care with them or, where appropriate, their relatives or friends. People told us they were involved in this process and were enabled to have input into how their care was provided. One person told us, "Yes, I'm involved in my care plan. My Daughter is involved too." Another person said, "I'm involved in planning my care. If I want something, I just talk to someone about it." Visiting relatives confirmed, where appropriate, they were involve in reviewing the care provided to their loved ones. One visiting relative told us, "We have meetings about our [relative]'s care."

To ensure they delivered responsive, personalised care the provider assessed each person's needs before they came to live at the home. We spoke to the registered manager about how they ensured the care was personalised and met people's needs. They told us they completed a pre admission assessment before people moved into the home. Peoples' written plans of care were initially built on the assessment, along with information from other professionals. This helped to ensure staff would have the skills to meet people's needs in a safe and responsive way.

We looked at people's written plans of care to check they were up to date and reflective of people's individual circumstances. We found people's involvement in the care planning process had been recorded. Their individual needs and preferences had been taken into account when written plans had been drawn up. People told us and records we looked at confirmed care plans were reviewed regularly, where possible, with the person, to ensure they still met the person's needs. Staff explained to us that care plans and risk assessments were reviewed and updated immediately following a change in someone's circumstances, for example, following a fall or another type of incident. This showed the provider operated systems to gather personalised information to guide staff to deliver support that was responsive to peoples' needs.

Around planning people's care, the registered manager told us there were times when a person's needs changed and they required guidance from multi-disciplinary agencies to ensure a safe and effective environment. For example, the registered manager had referred one person to their GP who in turn involved a specialist due to a recurring skin rash. We saw other examples where the registered manager had referred people to specialists because people had experienced weight loss and falls. This showed the registered manager was responsive to peoples' changing circumstances and reviewed the care and support they needed.

We saw a variety of activities were planned to take place within the home. However, people we spoke with and staff told us people often did not want to get involved and were able to choose how they spent their time. Comments we received from people about activities included, "I like some of the activities. We made crispy cakes the other day. We watch telly, I like to watch films. We also play dominos, scrabble and do quizzes." And, "I've joined in a few times but I like my easy chair." During our inspection, we observed staff giving people choices about how to spend their time. We witnessed a member of staff in one lounge provided a quiz, which people engaged with and told us they enjoyed. In another lounge, we observed people reminiscing with a member of the care staff. The carer was asking people what they liked to do when

they were younger and spoke about a variety of topics including musicals, cabaret and cinema. In other communal areas, people chose to watch television or listen to music during the afternoon. The registered manager explained they were talking with each person to try to tailor more activities to their individual needs. This showed the provider recognised activities were essential to stimulate and maintain people's social health.

There was an up to date complaints policy. People we spoke with stated they would not have any reservations in making a complaint. They told us they felt able to raise concerns with any member of staff or the registered manager, who they described as approachable. People we spoke with and visiting relatives told us any concerns they had raised had been dealt with appropriately. They felt confident the registered manager would address any issues. This showed the provider had a procedure to manage complaints. There were no complaints ongoing at the time of our inspection.

Requires Improvement

Is the service well-led?

Our findings

People we spoke with and visiting relatives gave mixed feedback with regards to the management of the service. Some people spoke positively about the registered manager, whilst others told us they did not know who the registered manager was. Comments from people who lived at the home included, "The manager is very good." And, "I don't see [registered manager] very often. If I want to see her she will make time." Another person commented, "The manager is very nice, she is able to listen to you." Another five people we spoke with told us they did not know who the registered manager was. One visiting relative told us, "The manager is alright." Whilst another commented, "I don't know who the manager is; I deal with [named staff member]."

Staff spoken with demonstrated they had a good understanding of their roles and responsibilities. Lines of accountability were clear. Staff told us they felt they worked well as a team and supported each other. We spoke with staff about leadership and management at the home. Staff told us they had regular meetings to discuss any problems, complaints and any concerns they had about people who lived at the home. Staff told us they, received regular supervision, had their work appraised and felt supported by management. Staff described the registered manager as "approachable" and "fair". Staff also went on to say the registered manager dealt with any concerns they had appropriately.

When we last inspected the home October 2016, we made a recommendation the registered provider ensures staff involved in the administration of people's medicines receive refresher training and regular observations to ensure they are competent to administer medicines. This was due to the breach of regulations we found during that inspection. During this inspection, we found the provider had arranged for staff to receive training to administer medicines. Staff we spoke with told us they worked closely to observe each other and only trained staff administered medicines. This helped to reduce the risks of inappropriate medicines administration practices. The registered manager told us they observed medicines administration, but had not recorded any formal checks on staff competency. Following our inspection, we received assurances from the provider that checks on staff competency to administer medicines were being carried out and recorded.

The registered manager had a range of audits as part of their quality assurance for monitoring the home. These included environmental checks, medicines audits, emergency lighting, water temperature and fire alarm systems. Checks on any lifting equipment was undertaken and certificated by an external company.

However, staff told us, and the registered manager confirmed, these checks were usually carried out by a member of staff who was on extended leave from duty. As such, quality assurance checks were not being carried out as often as they should have been. One member of staff told us, "We are really missing [staff member] in terms of quality checking care plans etc." They went on to say they felt some things were not being done properly and although this had not had a negative impact on people who lived at the home, staff morale had been affected. Examples of checks that had not been undertaken as frequently as they should have included the quarterly home audit, which had not been carried out since March 2017, audits on care plans and supplementary records, such as fluid balance charts and the environmental audit which was last completed in February 2017. This meant areas for improvement may not be identified and addressed in

a timely manner, for example, protocols for 'as and when required' medicines not containing sufficient detail to guide staff. Following our inspection, we received assurances from the provider that quality assurance checks were now taking place as planned.

The registered manager told us they had used satisfaction questionnaires to gather people's views. We noted questionnaires had been distributed and people's views collected and, where appropriate, acted upon. The feedback we saw was positive. People we spoke with told us there were regular meetings held for people who lived at the home but some people preferred not to go to them because they knew they could make suggestions at any time and felt they would be listened to. We saw a 'thank you' cards from relatives of people who had previously lived at the home. These were all positive and praised the service and staff for the care delivered.

The home's liability insurance was valid and in date. There was a business continuity plan. A business continuity plan is a response planning document. It showed how the management team would return to 'business as usual' should an incident or accident take place.

The registered manager understood their responsibilities. This included informing CQC of specific events the provider is required to notify us about and working with other agencies to maintain people's welfare.

The provider had ensured the rating from the previous inspection was on display in a prominent position at the home.

Following our inspection, we received information from the provider which told us the registered managing was leaving their post. The provider had recruited two staff to manage the home, one with relevant clinical experience. They had begun the process to register with the commission.