

Bel-Air Care Limited

Oakleigh Care Home

Inspection report

Oakleigh Road
Clayton
Bradford
BD14 6NP
Tel: 01274 880330
Website: N/A

Date of inspection visit: 11 August 2015
Date of publication: 26/10/2015

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



Overall summary

This inspection took place on 11 August 2015 and was unannounced. This meant the provider and registered manager did not have notice that we would be inspecting the service on this date.

During our last inspection on 2 March 2015 we identified eight breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We asked the provider to make improvements in relation to; care and welfare, assessing and monitoring the quality of the service, safeguarding, infection control, safety and suitability of premises, supporting workers, respect and

involvement and the management of medicines. During this inspection we checked improvements had been made in these areas and re-rated the quality of the service.

We found improvements had been made to all eight areas where there had been previous breaches of regulation. However, there was still further work to be done to ensure these improvements could be sustained and to demonstrate that the new processes were fully embedded. We also identified one new breach of legal

Summary of findings

requirements in relation to how staff were recruited to work at the home. You can see what action we told the provider to take in relation to this at the back of the full version of the report.

Oakleigh Care Home is registered to provide personal care to a maximum of 31 people. Most people who use the service are older people and people living with dementia. Accommodation is provided in single and shared rooms. The service is situated in the village of Clayton on the outskirts of Bradford. On the day of our visit five people lived at the service and only the rooms on the ground floor were in use.

The home had a registered manager in place. However, since our last inspection the registered manager spent most of their time managing another of the provider's homes. We found the deputy manager had taken on the responsibilities for the day to day management of Oakleigh Care Home. The deputy manager was on holiday during this inspection. However, the provider explained that the deputy manager intended to submit an application to become the registered manager on their return. 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.

Improvements had been made to how medicines were managed in the home. However, we saw two people did not receive their medicine before food, in line with the prescriber's instructions. **We recommend the service review their procedures to ensure medicines are given in line with the prescriber's instructions.**

Overall our findings showed that thorough and consistent checks were not being undertaken to ensure staff were suitable and safe to work with people who may be at risk. This was a breach of regulation. You can see what action we have asked the provider to take in relation to this on the back page of the full report.

We found improvements had been made to the training and support staff received to enable them to deliver safe

and effective care. We found sufficient numbers of staff on duty to meet people's needs. The provider had plans in place to ensure the number of staff were reviewed as the occupancy of the home increased.

Significant improvements had been made to the cleanliness of the home. We found the home to be clean, tidy and the areas which we had previously identified as being potentially unsafe had been addressed.

Improvements had been made regarding how safeguarding was managed and staff had a good understanding of how to identify, report and respond to any concerns they had about people's safety and wellbeing. Our observations and review of records showed us risk was appropriately managed. However, some risk assessments needed to be updated to ensure they reflected what was happening in practice.

People's healthcare and nutritional needs were evidenced as being met through effective care planning, being supported to access health professionals and staff promptly recognising and communicating changes to people's needs so they could be reviewed and referred to other health services. Mealtimes were a positive occasion where people were offered different choices and options of food and drink and staff provided support and encouragement where appropriate.

Staff sought people's consent before providing care and had a good understanding of how to meet the legal requirements under the Deprivation of Liberty Safeguards and Mental Capacity Act 2005 to protect the rights of the people they cared for.

People told us they felt safe and well cared for. We saw staff treated people with dignity and respect and supported people to maintain their independence and control over their own life where possible. Staff had a good understanding about people and they translated this knowledge into person centred care. Their understanding of people's needs had been enhanced by the revised care plan format. Care records and the care review process evidenced that staff had involved people and their families in making decisions about their care.

A complaints process was in place and staff used a variety of ways to encourage people to provide feedback about their experiences. We saw evidence this feedback was then used to help adapt and improve the service.

Summary of findings

The provider had employed the services of an external consultant. We saw they had provided support and guidance to the deputy manager to enable them to develop the skills and systems required to manage the day to day running of the service, such as developing care records and audit processes. Whilst it was clear the service was on a journey of improvement it was too early to be assured that these improvements could be sustained and to demonstrate the new processes were fully embedded.

We recommend the provider ensures a formal process is introduced to ensure policies and procedures are consistently reviewed, updated and reflect current best practice.

Only five people used the service at the time of our inspection. The provider explained that an increase in occupancy would be gradual and carefully managed to ensure the improvements were sustained and there were no adverse effects on the quality of care provided. Overall we found the service had made significant improvements since our last inspection and we saw evidence the provider and staff team were fully committed to ensuring these improvements continued.

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

Summary of findings

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. Staff recruitment procedures were not always followed. Improvements had been made to how medicines were managed, however further refinement of medicines procedures was required.

Improvements had been made to ensure the home was safe and clean. Risk was appropriately managed; however some risk assessments needed updating.

Sufficient numbers of staff were on duty to meet people's needs. Staff had a good understanding of how to keep people safe and effective systems were in place to manage and monitor safeguarding.

Requires improvement



Is the service effective?

The service was effective. Staff received appropriate training and support to enable them to provide effective care and support.

People's nutritional needs were met and they were supported to access a range of health and social care professionals to assist with care, treatment and support where appropriate.

Staff sought people's consent and had a good understanding of how to apply and meet legal frameworks such as the Mental Capacity Act 2005 to ensure they protected the rights of the people they cared for.

Good



Is the service caring?

The service was caring. People provided positive feedback about the staff and the standard of care they received. We saw staff treated people with dignity and respect and supported them to maintain their independence where ever this was possible.

Staff knew people well and translated this knowledge into person centred care. Their understanding had been enhanced by the revised care plan format. Staff involved people and their families in care reviews and developing care records.

Good



Is the service responsive?

The service was responsive. Staff took prompt action to respond to people's changing needs. People were asked for their feedback in a variety of ways and this was used to help improve the service. A complaints procedure was in place to ensure any complaints people made were investigated and responded to.

Good



Summary of findings

Is the service well-led?

We found significant improvements had been made to the leadership, governance processes and audit systems. However, it was too early for us to be assured that these improvements could be sustained and to demonstrate the new processes were fully embedded and robust.

Policies and procedures were not being consistently reviewed, updated and did not always reflect current guidance on best practice.

People and staff provided positive feedback about the deputy manager and the changes they had implemented.

Requires improvement



Oakleigh 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. We also checked whether the service had made improvements to address the eight breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 identified during our last inspection on 2 March 2015.

This inspection took place on 11 August 2015 and was unannounced. The inspection team consisted of two inspectors.

Before the inspection, we reviewed the information we held about the provider. We also spoke with the local authority commissioning teams and local authority safeguarding

team to ask them for their views on the service and if they had any concerns. Usually before an inspection we ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. On this occasion we did not ask the provider to complete a PIR.

During the inspection we used a variety of methods to help us understand the experiences of people who use the service and to enable us to make an informed judgement on the rating. This included spending over 6 hours observing care in communal areas and speaking with three people who used the service. We reviewed care records for three people who used the service, people's medicine administration records and other records relating to the management of the service such as policies, incident records, audits and staff files. We spoke with one senior carer and two care workers and the provider. Following our inspection we also spoke with a health professional who regularly visits the home.

Is the service safe?

Our findings

During our visit we found improvements had been made to the systems in place for the receipt, storage and administration of medicines. We saw a monitored dosage system was used for the majority of medicines with others supplied in boxes or bottles. We found medicines were stored safely and only administered by staff who had been appropriately trained. Medication administration records were up to date with no gaps in recording, we noted medicines were recorded when received and when administered or refused. This gave a clear audit trail for us to see. We checked a random sample of stock balances for medicines and these corresponded with the records maintained. We observed people were given their medicines in an efficient caring way. Those people who required encouragement and support received it and were given an explanation of what the medicines were and why they were needed. We did note there were two medicines which needed to be given 30-60 minutes before breakfast and saw this was not always happening. We spoke with the senior care worker who told us they had not realised they needed to do this. They said they would ensure this happened in the future. **We recommend the service review their procedures to ensure medicines are given in line with the prescriber's instructions.**

We asked the provider for three recruitment files for staff who worked at the home. These could not be found on the premises so the provider contacted the registered manager who was working at the other care service they managed to see if the recruitment files were there. Two of the files were located and delivered to the home. We looked at the two files and found safe recruitment practices had not been followed. In one file the registered manager had taken up references by telephone, these had not been confirmed in writing or the content confirmed by a second person. These references were not from the person's two most recent employers and the dates of employment on their application form differed from those on the telephone reference. No identity check had been completed, gaps in employment had not been explored and there were only the briefest details of the interview. The Disclosure and Barring Service (DBS) check the person had brought with them was over 12 months old and should have been re-checked before the person started work at the home. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with

vulnerable groups. In the second file provided a DBS check had been completed. However, only one reference had been taken up and there was no documentary evidence about the interview. The third recruitment file could not be produced during the inspection. Following our inspection this recruitment file was sent to the Commission. It showed the person started work in February 2015 but their disclosure check had been completed in April 2012 so was not current. Two written references had been provided by their last two employers. A fourth file for the most recent staff member recruited to the home was also sent to the Commission. This file contained a current DBS check and two written references.

Overall our findings showed that thorough and consistent checks were not being undertaken to ensure staff were suitable and safe to work with people who may be at risk. Our findings also meant the provider's recruitment procedures were not being followed which stated that two written references and appropriate disclosure checks were required. **This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

We looked at the duty rota's and saw they were arranged to provide two care workers on duty throughout the day and at night. An additional care worker was on shift from 10am - 2pm to cover the lunchtime meal as at the time of our visit there was no cook and one of the care staff team was responsible for cooking. Staff told us there were enough staff as there were only five people using the service. We saw staff were present and available in communal areas throughout our visit and had time to spend with people on an individual basis. They responded to people's call bells and requests for assistance promptly and were not observed to rush when providing support. The provider told us as more people started to use the service staffing levels would be increased accordingly and catering and domestic staff would be recruited. They said the deputy manager, who was in day to day charge of the home, could have as many staff as they needed to ensure people's needs were met.

We found significant improvements had been made to the cleanliness of the home. We completed a tour of the building with the provider. Overall we found the home to be clean, tidy and free from odours. We found bedding, mattresses and pillows to be clean and dry. The sluice room had been secured and cleared of unnecessary items

Is the service safe?

so was now a functional space. The service had been audited by the local authority infection control team in June 2015 and received a score of 95% which was a pass. Plans were in place to ensure they improved this score. For example, the provider explained they had plans for a hand wash sink to be installed in the sluice room. The deputy manager had taken on the role of infection control lead. They completed regular audits and checks of cleanliness and provided positive challenge to staff with regards to their infection control practices. They used team meetings and staff supervisions to promote best practice and test staff knowledge of procedures to ensure infection control remained a key priority for staff.

We found the issues we had previously identified as being unsafe with the premises had been addressed. For example, the provider had fitted new window restrictors and wardrobes had been fastened to the wall to help reduce the risk of injury. We found call bells in bedrooms were situated near people's bed so they could call for assistance during the night. We looked at documentation relating to the premises which showed regular checks on the building and equipment were undertaken to help keep people safe. This included in date gas safety and electrical hard wiring certificates. The provider explained that systems were now in place to ensure safety certificates did not expire in the future. We saw a system was in place for staff to report any faults or maintenance issues and records showed prompt action was taken to address any defects.

We saw improvements had been made regarding how safeguarding was managed at the home. Staff had a good understanding of what constituted abuse and the action they would take to keep people safe and report any concerns. Information relating to safeguarding procedures was displayed on a notice board in the office and the main corridor to provide people and staff with details of who they could contact if they had any concerns about people's

wellbeing. Records showed there had been no safeguarding incidents since our last inspection. However, the deputy manager had introduced a process to enable them to monitor safeguarding incidents to ensure appropriate action was taken in response to any incidents which may occur. The provider had policies in place for safeguarding and whistleblowing. However, these were out of date and did not include the most up to date information. For example, there was no contact details for the local authority and the policy referred to the National Care Standards Commission which was replaced by the Care Quality Commission in 2009. We spoke with the provider about this and they said they would implement a formal process to ensure policies were updated and regularly reviewed.

Various assessments and emergency procedures were in place to help keep people safe. This included person specific risk assessments within people's care records and risk assessments for wider safety issues in the home. We saw that the smoking risk assessment for the home needed to be updated to reflect the current arrangements in place for someone who had recently moved into the home. The moving and handling risk assessment for one person also needed updating to reflect the person's current needs. The provider assured us both risk assessments would be reviewed and addressed as a priority. Despite this, our overall review of records and observations showed us that staff took action to reduce risk for people. This was supported by the fact that our review of records showed a low level of safety related incidents. We also saw evidence the deputy manager reviewed the accident and incident reports on a monthly basis to check for any themes and trends. We saw prompt and effective action was taken to learn from accidents and incidents and to help keep people safe.

Is the service effective?

Our findings

During our last inspection we found staff had not received the appropriate training, supervision and support to enable them to deliver safe and effective care. During this inspection we found improvements had been made. Staff told us they received supervision from the deputy manager approximately every three months. However, they also told us the deputy manager's door was always open and they always made time for them if they wanted to discuss any concerns or issues. We reviewed a sample of staff supervision records and saw these mostly consisted of observations of staff practices and testing their knowledge of various policies and procedures. This was a positive feature of the service because it enabled management to challenge and address poor practices and assure themselves staff provided people with safe and effective care.

We looked at training records and saw a lot of staff training had taken place in June 2015. We spoke to two members of staff who told us the training courses had been run at Oakleigh and had been very good. One staff member told us how the provider had changed training suppliers and they said the quality of the training they received was now "much better." Another staff member said, "I really learnt a lot, for example, I didn't know what height the bed should be when I was assisting someone to move, but I do now."

We saw people were able to take their meals in the dining room, lounge or their bedroom if they wished. We looked at the menus and saw there was a choice available for each meal. We spoke to the senior care worker who was cooking on the day of our visit. They were very knowledgeable about each individual's dietary preference. They told us, "The residents can have what they want. If they don't want what is on the menu we just make them something else." Another care worker said, "The residents are well cared for there is plenty to eat and drink."

We observed the lunchtime meal and saw the tables were set nicely and people were offered salt and pepper. We saw one care worker assisting one person with their meal and saw this was done with patience and kindness.

We saw people were being weighed at least every month and people who had been assessed at being nutritionally at risk were being closely monitored. The senior care worker told us they had requested a visit from a speech and language therapist because they were concerned about one person difficulty in swallowing and wanted advice. This meant staff were making sure people were getting enough to eat and drink and health care professionals were being contacted for advice.

We saw evidence people had been involved in developing their care plans and had signed consent forms agreeing to aspects of their care and support, such as for their medication to be administered by staff and for photographs to be taken. We observed staff included people in conversations about what they wanted to do and explained any activity prior to it taking place. We also saw care workers gained consent before offering any personal care. For example, before transferring an individual from the armchair to a wheelchair.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict their freedom. Staff we spoke with told us they had received specific training about the MCA and DoLS. The registered manager had taken appropriate action to meet the requirements of the law. For example, we saw, at times, one person needed to have their medicines administered covertly. The GP, registered manager, relative and community matron had all been involved in making this decision.

Is the service caring?

Our findings

The feedback from people about the service, staff and standard of care provided was consistently positive. One person told us, “Staff like a good joke so I like it here.” Another person said, “The staff are wonderful.” Whilst another person told us, “They look after me, I enjoy it here.”

During our inspection we spent over six hours observing care in communal areas. We saw care staff were patient, kind and caring when speaking with people and providing support. This helped contribute to a relaxed and homely atmosphere. During interactions we saw staff treated people with respect and dignity. This included addressing people by their preferred name and in a polite and respectful manner. We also saw staff demonstrated respect for people’s privacy by knocking on bedroom doors and waiting until being invited in. We saw people looked happy and observed lots of appropriate laughter and jokes between people and staff. This showed us staff had built meaningful and appropriate relationships with people.

Staff were able to tell us about people’s care needs and the support they provided to them. They demonstrated an in-depth knowledge and understanding of people’s different personalities, preferences, routines, likes and dislikes. This was supported by our observations which showed staff knew people well and how best to assist them. This included providing appropriate encouragement and support which was suitably paced to meet each person’s needs. Staff told us this knowledge had been enhanced by the revised care plan format. One staff member told us, “Care records are much improved, they tell us everything we need to know now, they are great.” Throughout our inspection we saw numerous examples of staff following the instructions provided within care records. Staff also directed us to sections of care records when we asked them questions about people’s specific needs. This showed us care records were used as working documents and staff had a good awareness of how to use them to deliver person centred care.

Care records were easy to follow and provided staff with information about people’s individual preferences and how they wanted their care to be provided. We saw staff had

discussed various elements of care and support with the person in order to ascertain what was important to them and how they preferred their daily routine to be structured. This information was then used to develop individualised plans of care. For example, one person’s care records reflected that their cat was very important to them. We saw staff had identified this and made arrangements so this person could be assisted to safely care for their cat to ensure it could remain with them.

Care records also contained life histories and details about the person’s past. Staff told us they found this a useful way to get to know people and encourage meaningful conversations with them. Each person had a keyworker who completed a monthly care review which people were involved in. We also saw a notice on the main information board encouraging relatives to spare time to attend their family members’ monthly review so that any changes or requests could be discussed. This demonstrated that people and their families were involved in developing and contributing to their care records.

We saw evidence that staff tried to encourage people to maintain their independence. Care records contained information about what people could do for themselves and identified areas where support was required. This helped provide staff with information to help encourage people to retain their independence. For example, we saw one person had become less confident in moving with their walking frame following a fall. Their revised care plan detailed that this person was to use a wheelchair for a few weeks whilst they were assessed by the falls team. However, care records detailed that staff should encourage this person to walk a few steps each day in order to help build their confidence in moving so that they could gradually reduce their dependence on their wheelchair. We saw evidence of this during our inspection.

We saw that peoples’ bedrooms were personalised with pictures and ornaments. The provider was in the process of renovating some of the empty bedrooms. They explained that before people moved in they would be asked for their preferences regarding decoration so that they bedroom could be individualised and made as homely as possible for them.

Is the service responsive?

Our findings

We found the care files were easy to navigate and followed a standardised format. Care plans were reviewed on a monthly basis to check if any change was needed to be made to the way people's care and support was being delivered. We saw risk assessments had been completed in relation to key areas such as people's moving and handling needs, nutrition and tissue viability. Where a risk had been identified we saw action had been taken in order to reduce the risk. For example, one person had been assessed as being at risk of developing pressure ulcers. We saw they had a specialist mattress in place and were sitting on a pressure relieving cushion. This showed us staff were responding to individual risks and putting measures in place to eliminate or reduce those risks.

We saw evidence staff took prompt action to respond to people's changing needs. For example, one person had fallen in the days prior to our inspection. We checked this person's care records and saw new care plans had been developed on the day the person had fallen. The care plans reflected what staff told us about this person's changing needs. Staff told us this fall had caused this person to become unconfident when walking. We saw staff were mindful of this and provided reassurance and did not rush this person when assisting them to move. We saw this approach was successful in assisting this person to move to and from the dining room so they could have their breakfast with other residents. Staff showed the same degree of patience and empathy when later assisting this person to move so they could be bathed and again when assisting with personal cares. Staff recognised this movement had begun to cause this person distress so offered them the choice of whether they wanted to move into the dining room for their lunch. The person said they would prefer to stay in the lounge so staff set a table up so they could eat in the lounge. They also offered them their pain relief and contacted the district nurses to request a visit.

Staff used a variety of ways to encourage people to provide feedback about their experiences. We saw evidence this feedback was then used to help adapt and improve the service. People had monthly reviews of their care, residents meetings were held at least every three months and there was a suggestions book in the entrance to the home.

People who used the service and their relatives were asked to complete an annual survey and the results of this were analysed and action log was developed to demonstrate that action had been taken to respond to any issues raised. We reviewed the results of the last satisfaction survey completed between April and May 2015. The feedback was positive. Some of the comments people made included;

"It's marvellous, no changes please."

"I am very happy here and well looked after."

"The staff couldn't do better for us. I feel I could talk to any of the staff openly."

"Staff are wonderful, very kind and caring."

A complaints procedure was in place and there was information about how people could make a complaint in the entrance to the home. The records we reviewed showed no formal complaints had been received since our last inspection. We saw that a monthly audit of complaints had been introduced so that if there were any complaints in the future these could be monitored and clear actions put in place to learn from them and help to continually improve the quality of the service.

We saw activities were on offer to keep people occupied and stimulated. As there were only five people using the service we saw that most activities were on a one to one basis. For example, we saw staff spent time doing a jigsaw puzzle with one person and engaged other people in conversation. Each person's care plan gave information about what that individual liked to do. This meant care workers could provide activities each person enjoyed. We spoke with people about how they preferred to spend their time and one person told us, "To be honest I just like a quiet life." We noted some staff were more skilled and confident at engaging people in activities than others. We spoke with the provider about this and they said this would be addressed through the training and support provided through the programme of observed supervisions. The deputy manager had organised a summer fair which people told us they had enjoyed. This event had raised money for the residents' fund. The most recent residents meeting minutes showed the deputy manager asked people how they would like to spend this money. It was agreed the home would use the money towards another party and some musical entertainers.

Is the service well-led?

Our findings

During our last inspection we found a lack of robust systems to assess and monitor the quality of care provided. We found significant improvements had been made to the governance processes and audit systems in place in the home. All records we looked at were well organised and indexed. The deputy manager was on holiday during this inspection. However, because records were well organised all of the information requested could be located promptly, with exception of some records relating to staff recruitment. We found the staff on duty were calm, relaxed and confident in describing and performing their role and responsibilities. This demonstrated they had received effective support from the deputy manager in order to perform their duties and assured us the service was well led in the absence of the deputy manager.

Since our last inspection the provider had employed the services of an external consultant. We saw that they had provided support and guidance to the deputy manager to enable them to develop the skills required to manage the day to day running of the service, such as developing care records and audit processes. We also saw the consultant visited the home once a month to conduct an independent audit of all aspects of care delivery. They then produced a monthly report and action plan which the provider told us enabled them to assure that issues and areas for improvement were being identified and addressed. The provider recognised that the consultant had provided valuable support and so had arranged for them to provide this support for a year.

We found a range of audits had been introduced by the deputy manager, with support from the external consultant to enable them to monitor the quality of care provided and take action to make improvements where required. This included checks and audits of; infection control, accidents and incidents, safeguarding, care records, food and nutrition, medicines, complaints, the environment, observations of staff practices and health and safety audits. Each audit was accompanied by an action log which

detailed how any issues would be addressed and who was responsible for completing the necessary actions. We saw evidence these audits were effective in improving the quality of care and protecting people from potential risk to their health and wellbeing. For example, the food and nutrition audit for May 2015 identified that three people had lost weight. The deputy manager arranged for these people to be referred to their GP and introduced food monitoring charts which they checked at least weekly. They also arranged for evening supper to be introduced as a means to encourage people to consume additional calories. We saw this approach was effective as people's weights were more stable in the following months.

The majority of policies and procedures we looked at were written in 2012 and had not been reviewed since then. The provider could therefore not be sure the policies and procedures in place provided staff with accurate and up to date information or were fit for purpose. Our discussions with care staff demonstrated that they were aware of current best practice due to the training they had completed. **We recommend the provider ensures a formal process is introduced to ensure all policies and procedures are consistently reviewed, updated and reflect current guidance on best practice.**

Feedback from staff and people who used the service about the deputy manager was positive. One person told us, "I get on well with them. They help make sure I get what I need and if I had concerns about anything I feel able to go to them." Whilst a staff member told us, "They are the best manager you could ever hope to have. They are so genuine and care about us and the people who live here. They are organised and make sure they get the job done."

Whilst it was clear that significant improvements had been made we recognised that only five people used the service at the time of our inspection. We spoke with the provider about this and they were clear that an increase in occupancy would be gradual and carefully managed to ensure the improvements were sustained and there were no adverse effects on the quality of care provided.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed Recruitment procedures were not operated effectively to ensure that persons employed are of good character and have the qualifications, competence, skills and experience which are necessary for the work to be performed by them. Regulation 19 (1) (2)