Little Heaton Care Limited

Little Heaton Care Home

Inspection report

81 Walker Street
Middleton
Manchester
Lancashire
M24 4QF

Tel: 01616554223

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
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

Little Heaton Care Home is registered to provide personal care and accommodation for up to 25 people. The home is located in Middleton, is close to local transport links and has a variety of shops and other amenities close by. There were 25 people accommodated at the home on the day of the inspection.

At the last inspection of July 2017, the service was found to be in breach of the Health and Social Care Act (HSCA) 2008 (Regulated Activities). Regulation 17 because not all records relating to the care and welfare of people who used the service were up to date and Regulation 19 because recruitment procedures were unsafe. The service sent us an action plan to show how they were going to meet the requirements. At this inspection we found the service had made the necessary improvements.

Although the service did not have a person registered as manager at the time of the inspection we were shown documentary proof that the registration of a person with the Care Quality Commission was nearing completion and awaiting the necessary certificate. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We made a recommendation that best practice guidance be sought around gaining a person's last wishes at the end of their lives.

The service used the local authority safeguarding procedures to report any safeguarding concerns. Staff had been trained in safeguarding topics and were aware of their responsibilities to report any possible abuse.

Recruitment procedures were robust and ensured new staff were safe to work with vulnerable adults.

The administration of medicines was safe. Staff had been trained in the administration of medicines and had up to date policies and procedures to follow. The competency of staff to administer medicines was checked to ensure they were safe.

The home was clean, tidy and homely in character. The environment was maintained at a good level.

Electrical and gas appliances were serviced regularly. Each person had a personal emergency evacuation plan (PEEP) and there was a business contingency plan for any unforeseen emergencies.

There were systems in place to prevent the spread of infection. Staff were trained in infection prevention and control and provided with the necessary equipment and hand washing facilities. This helped to protect the health and welfare of staff and people who used the service.

People were given choices in the food they ate and told us it was good. People were encouraged to eat and

drink to ensure they were hydrated and well fed.

Staff had been trained in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The registered manager was aware of their responsibilities of how to apply for any best interest decisions under the Mental Capacity Act (2005) and followed the correct procedures using independent professionals.

New staff received induction training to provide them with the skills to care for people. Staff files and the training matrix showed staff had undertaken sufficient training to meet the needs of people and they were supervised regularly to check their competence. Supervision sessions also gave staff the opportunity to discuss their work and ask for any training they felt necessary.

We observed there were good interactions between staff and people who used the service. People told us staff were kind and caring.

We saw from our observations of staff and records that people who used the service were given choices in many aspects of their lives and helped to remain independent where possible.

We saw that the quality of care plans gave staff sufficient information to look after people accommodated at the care home and the plans and care regularly reviewed.

Plans of care were individual, person centred and reviewed regularly to help meet their health and social care needs.

We saw that people could attend activities of their choice and families and friends were able to visit when they wanted.

Surveys and meetings helped the service maintain and improve their standards of support by responding to the views of people who used the service and staff.

The service conducted quality assurance audits to help maintain and improve standards.

People thought the registered manager was approachable and supportive.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff had been trained in safeguarding topics and were aware of their responsibilities to report any possible abuse.

Staff were recruited robustly to ensure they were safe to work with vulnerable adults.

Arrangements were in place to ensure medicines were safely administered. Staff had been trained in medicines administration and managers audited the system and staff competence.

Is the service effective?

Good

The service was effective.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff had been trained in the MCA and DoLS and would recognise what a deprivation of liberty was or how they must protect people's rights.

People were given a nutritious diet and said the food provided at the service was good.

Induction, training and supervision gave staff the knowledge and support they needed to satisfactorily care for the people who used the service.

Is the service caring?

Good

The service was caring.

We observed staff had a kind and caring approach to people who used the service and any care was delivered privately.

People were encouraged and supported to keep in touch with their family and friends.

We saw that people were offered choice in many aspects of their

lives and encouraged to remain independent if possible.

Is the service responsive?

Good

The service was responsive.

There was a suitable complaints procedure for people to voice their concerns and people told us they felt confident they could raise any issues.

People were able to join in activities suitable to their age, gender and ethnicity.

Plans of care were regularly reviewed and contained sufficient details for staff to deliver their care and support.

Is the service well-led?

Good

The service was well-led.

There were systems in place to monitor the quality of care and service provision at this care home.

Policies, procedures and other relevant documents were reviewed regularly to help ensure staff had up to date information.

All the people and staff we spoke with told us they felt supported and could approach managers when they wished.

Little Heaton 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.

This was an unannounced inspection and was conducted by one adult social care inspector on the 11 September 2017.

We requested and received 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 any improvements they plan to make. We used this document to help us with our inspection planning.

Before our inspection visit we reviewed the information we held about the service. This included notifications the provider had made to us. Notifications tell us about any incidents or events that affect people who use the service. We also asked Rochdale Healthwatch and local authority for their views of the service. They did not have any concerns.

We spoke with four people who used the service, the area manager, two senior care staff and two care staff members.

During our inspection we observed the support provided by staff in communal areas of the home. We looked at the care records of three people and medicines administration records for ten people who used the service. We also looked at the recruitment, training and supervision records for four members of staff, minutes of meetings and a variety of other records related to the management of the service.

Good

Is the service safe?

Our findings

People who used the service said, "I feel very safe. There are occasionally wanderers but they let me lock my doors", "I feel safe and nobody bothers me," and "I think we are very safe."

From looking at the training records and talking to staff we saw that staff had been trained in protecting people from abuse. Staff had access to a safeguarding policy and procedure. The safeguarding policy informed staff of details such as what constituted abuse and reporting guidelines. The service also had a copy of the local social services safeguarding policies and procedures to follow a local initiative, which meant staff had access to the local safeguarding team for advice and the contact details to report any incidents. There was a whistle blowing policy, which is a commitment by the service to encourage staff to report genuine concerns with no recriminations. Staff we spoke with told us, "There is a whistle blowing policy. If I saw poor practice I would report it" and "I am aware of safeguarding. I know what a whistle blowing policy is and would use the policies to report to the local authority if I had to."

We saw the registered manager had investigated any safeguarding incidents and where required made further arrangements to protect people, for example updating plans of care.

Accidents and incident were also recorded, analysed and investigated. We saw the registered manager looked at ways of reducing any further incidents.

At the last inspection of July 2017, we found that the recruitment of staff was unsafe. At this inspection we looked at four staff files. Each file contained two written references, an application form with any gaps in employment explored, proof of the staff members address and identity and a Disclosure and Barring Service check (DBS). This informed the service if a prospective staff member had a criminal record or been judged as unfit to work with vulnerable adults. Prospective staff were interviewed and when all documentation had been reviewed a decision was taken to employ the person or not. This meant staff were suitably checked and were safe to work with vulnerable adults.

People who used the service told us. "The staff are always quick to answer the call bell and "There always seems to be enough staff when I need them." Staff said, "There are enough staff here and we cover for each other" and "As a rule there are enough staff. I have just been sat talking to people so we do have time for a chat."

We saw certification of gas and electrical installation and equipment. All necessary checks had been made on the safety of equipment including portable appliance testing. The lift, hoists and fire equipment had been serviced. We also saw checks to ensure the hot water outlets were safe to use, windows had a device fitted to stop people from falling out and radiators were of a type to prevent burns.

Fire drills and tests were held regularly to ensure the equipment was in good working order and staff knew the fire procedures. Each person had a personal emergency evacuation plan (PEEP) which showed any special needs a person may have in the event of a fire. A copy on the PEEP was retained at the entrance

hallway to pass to the fire service in an emergency. There was a fire risk assessment and business continuity plan for unforeseen emergencies such as a gas or power failure.

We saw that all rooms or cupboards that contained chemicals or cleaning agents were locked for the safety of people who used the service.

People who used the service told us, "They keep my room very clean" and "I am lucky because they keep my room very clean for me." We toured the home on the day of the inspection and found the home to be clean, warm and free from any offensive odours.

There were policies and procedures for the control and prevention of infection. The training records showed most staff had undertaken training in the control and prevention of infection. The registered manager audited the home for cleanliness or any infection control issues.

There was sufficient equipment in the laundry to meet people's needs, which was sited away from food preparation areas. The industrial type washing machine had a sluicing facility, which helped ensure staff did not have to handle soiled linen. The service used colour coded bags for the disposal of contaminated waste and soiled laundry. Staff had access to personal protective equipment and we saw staff used it when required. There were handwashing and drying facilities in key areas to help staff prevent the spread of infection.

We looked at three plans of care during the inspection. We saw there were risk assessments for moving and handling, falls, tissue viability (this is to prevent pressure sores) and nutrition. The risk assessments had been reviewed and provided staff with up to date information to help protect the health and welfare of people who used the service. We saw that where necessary professionals we called in to provide information and guidance, for example a speech and language therapist (SALT). There were also environmental risk assessments to prevent hazards such as slips, trips and falls. We saw the risk assessments helped people keep safe and did not restrict their lifestyles.

We looked at ten medicines administration records (MARs) and found they had been completed accurately. There were no unexplained gaps or omissions. Two staff members had signed they had checked medicines into the home which helped staff audit the numbers of medicines a person had. There was a photograph on each MAR to help staff identify the correct person. All staff who administered medicines had been trained and had their competencies checked to ensure they maintained good standards. The local pharmacy also helped advise staff on the safe handling of medicines and checked staff competency to administer medicines.

Medicines were stored in a locked room in a trolley attached to the wall and only staff who needed to had access to the keys. The temperature of the medicines cupboard and dedicated fridge was checked daily to ensure medicines were stored to manufacturer's guidelines.

We checked the controlled drugs cupboard and register. Controlled drugs are stronger medicines which need more stringent checks. We saw that two staff had signed for the administration of controlled drugs which is the correct procedure. We checked the numbers of controlled drugs against the number recorded in the register and found they tallied.

Any medicines that had a use by date had been signed and dated by the carer who had first used it to ensure staff were aware if it was going out of date and there was a safe system for disposal. Any handwritten prescriptions were signed by two staff which is the recommended safe method.

There was a signature list of all staff who gave medicines for management to help audit any errors. The service had a copy of the National Institute for Health and Clinical Excellence guidelines 2017 for administering medicines in care homes. This is considered to be best practice guidance for the administration of medicines.

There were clear instructions for 'when required' medicines. The instructions gave staff details which included the name and strength of the medicine, the dose to be given, the maximum dose in a 24-hour period, the route it should be given and what it was for. This helped prevent errors.

We saw that topical medicines such as ointments were recorded in the plans of care. The service used body maps to show staff where to apply the medicines.

The medicines system was audited by staff weekly with a further monthly stock check and managers every month to spot for any errors. Staff retained patient information leaflets for medicines and a copy of the British National Formulary to check for information about medicines such as side effects.

Good

Is the service effective?

Our findings

We looked at what consideration the provider gave to the Mental Capacity Act 2005 (MCA). The 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 interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Most members of staff had been trained in the Mental Capacity Act 2005 (MCA 2005). We saw that the service assessed each person's mental capacity.

The CQC had been notified of any DoLS which had been approved. Seven people currently required a DoLS in place. We also saw records of best interest meetings for needs such as poor dietary intake. Best interest meetings are held for people who do not have the mental capacity to take their own decisions and are attended by the person where possible, family members if appropriate, staff from the home and professionals from other organisations. This meant that any restrictions to a person was taken in the least restrictive way. People had access to an independent mental capacity advisor or advocate. These are professionals who act independently for people to protect their rights.

We saw that where possible people had signed their consent to care and treatment. We observed staff asking for people's consent before they performed any care or support. People also signed a contract to agree to the terms and conditions for living at the home.

People who used the service told us, "The food is lovely both choices are excellent. I like the egg and chips tonight. I have also been out for meals"; "I am a fussy beggar so if I say it is all right, it is all right," and, "I love the food here. The food is pretty good and we get plenty of choice."

We checked to see if people were provided with a choice of suitable and nutritious food and drink to ensure their health care needs were met. The plans of care contained details of any special needs a person had with their intake of food and drink and specialist help and advice sought where needed. The cook was informed of any person who required a special diet. People's weights were recorded regularly to ensure they were not gaining or losing too much weight.

Tables were set with tablecloths, place mats and condiments for people to flavour their food to taste. There was sufficient seating to take a meal as a social occasion but people could eat in their rooms if they wished or used adapted tables and sat in the lounge.

Breakfast options included the usual foods such as cereals, toast and cooked foods. There was a choice of lunch which was the main meal of the day and a choice of meal in the evening. People could have a light supper if they wished. Drinks were served at mealtimes, at other set times and at request. Water and fruit juice was available at all times. The kitchen was not locked at night which meant people were able to have a hot drink or snack if they wanted to.

We went into the kitchen which was clean and tidy. We saw there was a good supply of fresh, frozen, dried and canned foods. Fresh fruit was available from the kitchen and freely available on a table. The kitchen had achieved the highest food standards agency which meant the systems for preparing, storing and service food was safe and the chef followed good hygiene standards.

People who used the service told us, "I like to sit in the lounge during the day. I go to my room at night. I have a lovely room. They have changed my room around to make it easier for me"; "My room is very nice. I have a few of my own things to make it more like home" and "I have a lovely room. It is a nice place all in all."

We saw that each person had their photograph on their bedroom doors and people who wished had completed a memory board next to the door to help people with a dementia or short-term memory problem find their bedrooms. Bathrooms and toilets were also clearly marked.

There were baths and showers so people could choose their preferred method of keeping clean. We saw there was equipment such as mobility aids, grab rails and pressure relieving devices such as air mattresses. Staff told us they had been trained to use them.

There was a lift to access both floors and an outside seating area to the rear of the property. We visited all communal areas and several bedrooms. All contained sufficient furniture and seating to enable people to be comfortable with others or private if they wished. Bedrooms had been personalised to people's tastes with photographs, ornaments or their own furniture.

We looked at the training staff training records and spoke to staff about their training. Staff told us they thought they had completed sufficient training to be able to meet the needs of people who used the service. The homes own induction covered key policies and procedures, fire safety, meeting staff and service users, health and safety, the codes of practice, meals and drinks, use of equipment, end of life care, use of mobility aids, moving and handling, handling laundry and personal care. Each new staff member was shadowed by an experienced member of staff for a week and completed a health and safety checklist. No new staff had commenced employment for two years. Any staff new to the care industry were to be enrolled on the nationally recognised care certificate. This meant new staff were given the support and training to meet people's needs.

All staff were currently going through a refresher training course which covered all the main aspects of training including infection control, safe food hygiene, safeguarding, the mental capacity act, fire safety, first aid and health and safety. Some staff had completed the training and others told us they were enrolled on the course. A member of staff who had returned to work said, "I am due to complete the training which covers three days next week."

Other training included the care of people with dementia, behaviours that challenge, equality and diversity and privacy and dignity.

We saw that staff received formal supervision regularly. Staff were also supervised on a daily basis by the manager and senior staff. Staff told us managers were supportive and available for advice. We saw that staff

could bring up their training or other work-related needs at supervision. Both care staff members confirmed they had regular supervision.

From looking at the three plans of care we saw that people had access to health and social care professionals, including support to attend appointments. Routine appointments were also arranged for regular needs such as podiatry. A person who used the service said, "I have been in hospital so they look after my health needs."

Good

Is the service caring?

Our findings

People who used the service told us, "They have helped me get much better and I have a lot to thank them for. The care staff are wonderful"; "The staff are very helpful. If you have any problems they will help you. They are all kind" and "Everything is all right for me at the moment and I am very happy here. The staff are all lovely." People were happy with the attitude of staff.

Staff we spoke with said, "I would be happy for a member of my family to be cared for here.
I think the job is rewarding. I enjoy the small things like seeing people happy" and "I would be happy for a relative to live here. The work is rewarding." Staff enjoyed working at the service.

We observed staff during the inspection and saw that they were kind, caring and professional. Staff had time to sit and talk to people. We did not see any breaches of privacy during any personal care, which was conducted behind closed doors and staff were discreet when asking people about their needs.

All records were stored confidentially in an office and staff were taught about confidentiality and data protection. They were also informed about not putting confidential information on social media.

Each person completed a 'This is Me' document which was part of the care planning process. This gave staff a good background history of each person and their known preferences and choices. Where possible the choices were incorporated into the plans of care, for example dietary preferences or the times of getting up and going to bed. The plans of care also showed if a person could meet some aspects of their personal care, such as washing themselves or attending to their own oral hygiene to ensure people remained as independent as possible.

A person's religion was recorded in the plans of care. The care plans we looked at showed people accommodated at the home did not have any current religious needs. A member of the clergy used to visit in the past and the person in charge said this would be arranged if people wanted to practice their faith and there was a church next door to the home if people wanted to attend.

A person's communication needs were recorded in the plans of care. The care plans we examined showed that people had good verbal communication and the person in charge said there were no current people who used the service who required any communication aids. We saw that staff took time to ensure any communication was understood if people had a dementia.

People who used the service said, "My visitors can come any time and staff are very welcoming" and "Families visit when they like. My friend and my family get on well together." The area manager said visiting was unrestricted and people could see their family and friends in private if they wished. We saw staff welcoming visitors into the home and offering refreshments. Visiting was encouraged to help people remain in contact with their families.

Staff were taught about the importance of equality and diversity. People's preferences were followed, for

example if a person wanted the same gender of staff to care for their personal needs. Staff also received training around privacy and dignity in care to help with good practice, for example giving people who used the service a key to their bedroom door.

Good

Is the service responsive?

Our findings

People who used the service said, "I think they would listen if I had any concerns" and "I don't have any concerns but I would complain if I did." Each person was issued with a copy of the complaints procedure when they were admitted. The complaints procedure told people how to complain, who to complain to and the timescales the service would respond to any concerns. This procedure included the contact details of other organisations including the local authority. No complaints had been made to the CQC since the last inspection. We saw that any complaints made to the service were handled by the area manager. The area manager investigated the complaint and ensured there was a satisfactory resolution.

One member of staff was currently attending a course for end of life care at the local hospice. This would enable this staff member to pass on the knowledge of how to care for people who used the service when their condition deteriorated. Part of the course is how to support families at this difficult time. We looked at cards sent to the service which were to say thank you for the care given at the end of people's lives. Relatives said, "Thank you for looking after our relative. We appreciate the time and care taken to make their life so comfortable" and "Thanks to all the staff for the help you gave our relative, it was much appreciated."

There was a section in the plans of care for staff to record people's end of life wishes. The details for many people had not been completed. It was recommended that the provider look at best practice for recording people's end of life wishes when the staff member has completed the training.

People who used the service said, "We have a good hairdresser. I like to read and watch television. We also do quizzes"; "I do crosswords and read now I have had my cataracts done. I don't usually bother with the activities" and "I go out occasionally and went out today. I went out for some flowers and other shopping today."

There was a record of the activities on offer and a record of what activities people had attended. Activities included pamper sessions, reminiscence therapy, music and exercise, bingo, outings, one-to-one sessions, where a member of staff would take time to explore each person,s individual interests, quizzes, singing, films and various events such as cheese and wine days and monthly coffee morning. One person had opted to undertake a morning paper round. One person was employed as an activities coordinator and care staff provided activity support when this member of staff was off duty.

There were also themed days such as Christmas and Birthdays. Families were encouraged to take part if they were available.

Records we looked at showed that prior to moving into Little Heaton a pre-admission assessment was undertaken. This looked at the background to the referral, medical history, prescribed medicines, allergies, daily living abilities, oral hygiene, night care, diet and nutrition, social inclusion, falls risk, smoking, religion and faith requirements. This provided the registered manager and staff with the information required to assess if the service could meet the needs of people being referred to the service prior to them moving in.

We looked at the care records for three people who used the service. The care records contained detailed information to guide staff on the care and support to be provided. There was good information about the person's social and personal care needs. People's likes, dislikes, preferences and routines had been incorporated into their care plans. We saw the care records were reviewed regularly to ensure the information reflected the person's current support needs.

Plans of care showed us what level of support people needed and how staff should support them. Each heading, for example personal care, diet and nutrition, mobility or communication showed what need a person had and how staff needed to support them to reach the desired outcome. Each person's day was recorded. We saw that people had access to professionals if it was noted that a person's needs were changing. We saw in one plan a person had required input from a district nurse and another a podiatrist.

We saw that where a person had a dementia the manager liaised with family members for any changes to people's care and treatment. One example was the service discussed with a family member about reducing sedation to 'as and when required' because their condition had improved and they did not require regular treatment.

At the start of each shift staff attended a handover session. These sessions gave staff the chance to pass on any relevant information about a person to the oncoming staff, which could help them plan the days tasks for any appointments or professional's visits.

Good

Is the service well-led?

Our findings

Although the service did not have a person registered as manager at the time of the inspection we were shown documentary proof that the registration of a person with the Care Quality Commission was nearing completion and awaiting the necessary certificate. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection of July 2017 we found not all records were accurate or up to date. At this inspection we found the new manager had ensured all records were accurate, including the plans of care.

We asked people who used the service and staff how they thought the service was managed. People who used the service told us, "You can talk to any of the staff"; "The manager is very nice" and "The manager is very good and approachable." Staff said, "The manager is supportive and approachable" and "We get support from the manager and team leaders. They have supported me a lot. We get personal support as well as for work. The area manager is also approachable." The people and staff we spoke with thought the managers were available to support them.

The latest quality assurance surveys were positive with questions asked around food, activities, do people feel safe, staff communication and attitude, cleanliness of the home, bedroom space, can you raise a concern, do the service react to your needs and overall rating. 20 surveys were returned. There were no poor ratings. Once the surveys had been analysed a meeting was held with people who used the service. Food was discussed and homemade soups was one of the improvements made.

The manager held regular meetings with people who used the service. At the last meeting of August 2018 topics on the agenda included the menu where people asked for more choice of desserts which was arranged with the cook and activities which people were satisfied with. From the meeting people asked for and made cupcakes and one person went gardening. All the people present were asked for their views and given an opportunity to speak.

Meeting were also held regularly with staff. Meetings in June 2018 were held with all grades of staff including a meeting for night staff. Topics included confidentiality, use of phones, the rota, laundry, staff morale, training, good practice issues and reporting safeguarding. From the last meeting staff wished for and management devised a new activity plan.

The registered manager undertook many audits to check how the service was performing. The audits included health and safety, the environment, medicines administration, infection control, plans of care, the level of cleanliness, accidents and incidents, training and equipment. A new sluice had been added following an audit of the environment to reduce the risk of the spread of infection. The registered manager used audits to maintain and improve standards at the home.

We saw the audits conducted by the area manager and a company director. The audits looked at cleanliness, the décor, finances, infection control, care plans and medicines. They talked to people who used the service and staff to gain their views about the home. The area manager wrote a report which highlighted what needed doing and who should complete the tasks.

We looked at some of the policies and procedures which included medicines administration, infection control, health and safety, safeguarding, whistle blowing, complaints and confidentiality. The service also had many good practice policies and procedures developed by external organisations such as NICE and the National Health Department. Policies and procedures were updated regularly and available for staff to follow good practice.

We saw the registered manager reported any incidents that affected the running of the service or involved people who used the service in line with our regulations. The service displayed their rating in the home and on their website.

There was a recognised management system which staff and people who used the service were aware of so they knew who to approach if they wanted advice or guidance.

In the hallway there was a copy of the service user guide and a statement of purpose available for visitors to read. The documents told people who used the service, relatives and professionals of the legal status of the organisation and the services and facilities provided at Little Heaton.

Other useful documents for people's information included the details of the advocacy service, safeguarding vulnerable adults, the insurance certificate, CQC registration documents, the complaints procedure, fire procedure, the visiting policy and various events to be held.