

Partnership Caring Ltd

Firbank House

Inspection report

24 Smallshaw Lane
Ashton-under-Lyne
Lancashire
OL6 8PN
Tel: 0161 343 1251
Website:

Date of inspection visit: 7 and 8 October 2015
Date of publication: 08/01/2016

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 was an unannounced inspection that took place on 7 and 8 October 2015. There were 19 people using the service at the time of the inspection.

Firbank House consisted of two buildings. One building known as the 'old' building and the other known as the 'annex'. The 'old' building has bedroom and communal facilities for up to 22 people. The 'annex' has bedroom and communal facilities for up to 20 people and is the only building currently used to provide accommodation to people living in Firbank House.

Firbank House is owned by Partnership Caring Limited, which is a private company. The home provides residential care only and is registered to accommodate up to 42 persons. The service was previously inspected on 3 and 4 September 2014, when breaches of legal requirements were identified.

At our inspection in September 2014 we had some concerns about the safety and suitability of some parts of the premises, in the 'old' building. The building was found to be in a state of disrepair and the provider said that it was their intention to fully refurbish the building so that it

Summary of findings

could once again be used for residential purposes. Following that inspection, we produced a report and set the provider a compliance action to address the concerns raised. To ensure that service users and others having access to premises where a regulated activity is carried out are protected against the risks associated with unsafe or unsuitable premises. The provider sent us an action plan telling us how they intended to address the concerns we had raised and to ensure compliance with regulation was achieved.

We undertook a further follow up inspection on 4 August 2015 to check that the provider had completed all the work required to the 'old' building to meet legal requirements in relation to the outstanding breach. We found that although most of the work had been carried out, some further work still required finishing to make the building safe for residential use.

There was no registered manager at this location. A new manager had been in post since July 2015. They had yet to apply to be registered with the Care Quality Commission. 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 and associated Regulations about how the service is run.

This was a breach of section 33 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Failure to comply with conditions. You can see what action we told the provider to take at the back of the full version of this report.

In parts of the home known as the 'annex' we identified areas where improvements were needed to ensure the safety of people using the service, staff and visitors.

The boiler room on the upstairs corridor was found to be unlocked and being used by staff to store their bags and coats as well as other items being stored in there. This room was very warm and people using the service were at risk of entrapment should they enter the room and become disorientated to where they are.

Where people required the use of a hoist, it was confirmed that people did not have use of their own, individual sling(s). Using the same slings to transfer different people increases the risk of cross contamination and infections.

This was a breach of Regulation 15 (1) (b) (d) (e) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Premises and equipment. You can see what action we told the provider to take at the back of the full version of this report.

We looked around all areas of the 'old' building including every bedroom and communal facilities. We found that all bedroom areas had been fitted with, new beds and bedroom furniture and we saw that soft furnishings had been installed and, where required, new nurse call points fitted.

All the rooms with en-suites had all new tiling, flooring and sanitary ware fitted.

Work that was outstanding for completion at our last inspection of the 'old' building was found to have been completed.

We were provided with a copy of the electrician's report for these premises that confirmed all electrical work and electrics had been fully checked and was compliant with electrical safety regulations.

We were provided with a copy of the report supplied by the fire contractor for the service, Bridge Fire Protection. They had carried out a full risk assessment of the premises. on 24 August 2015. The report identified the following areas had been assessed in accordance with the Regulatory Reform (Fire Safety) Order 2005 – Fire Risk Assessment. A list of those areas assessed can be found in the main body of this report.

Staff spoken with were able to demonstrate their knowledge around safeguarding vulnerable people and also around the whistleblowing procedures.

Inspection of the staffing rosters and discussions with staff and people who used the service confirmed that sufficient numbers of suitable experienced and competent staff were available at all times.

Care records seen showed that people using the service had access to other health and social care professionals,

Summary of findings

such as social workers, district nurses, general practitioners (GP) and community practitioners such as speech and language therapist and community psychiatric nurses.

We saw that people looked well groomed, well cared for and wore clean and appropriate clothing.

People using the service told us that they felt their needs were being met. People's diet and fluid intake were closely monitored and action taken where concerns had been raised.

To make sure people using the service were receiving safe and effective care; auditing systems had been put in place to monitor the quality of the service being provided.

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.

Shortfalls were found in the upkeep and maintenance to parts of the 'annex' building. This meant people using the service, staff and visitors could be placed at risk.

People requiring the use of a hoist did not have their own individual sling(s) which meant an increase in the risk of cross contamination and infections.

Work that was outstanding at our last inspection of the 'old' building was found to have been completed.

Requires improvement



Is the service effective?

The service was effective.

We were told that, and records seen confirmed that wherever possible, if people using the service had capacity, they would be involved in planning their care and treatment.

Care records seen showed that people using the service had access to other health and social care professionals, such as social workers, district nurses, general practitioners and community practitioners.

Good



Is the service caring?

The service was caring.

People who used the service were very complimentary about the staff. We saw that people looked well groomed, well cared for and wore clean and appropriate clothing.

The staff showed they had a good understanding of the care and support that individual people required.

People's response to staff showed they knew the staff and trusted them.

Good



Is the service responsive?

The service was responsive.

Prior to moving into the home as assessment of the person's individual needs was carried out to make sure their individual needs could be appropriately met by the service.

People's diet and fluid intake were closely monitored and action taken where concerns had been raised.

Care plans and risk assessments were in place to make sure staff had the relevant information available to them to meet people's care needs.

Good



Summary of findings

Is the service well-led?

The service is not always well-led

The manager of the service had yet to apply to be registered with the Care Quality Commission.

Systems were in place to monitor and assess the quality of the service being provided.

People were given the opportunity to provide feedback about the service.

Staff spoke positively about the management of the home and that they were given support, training and encouragement to carry out their job role effectively.

Requires improvement



Firbank House

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 took place on 7 and 8 October 2015 and was unannounced. The inspection team consisted of one adult social care inspector.

Before this inspection we reviewed the previous inspection reports and notifications that we had received from the service. We also contacted the local authority commissioners of the service to seek their views about the home. They told us they had met with the new manager and were aware that some work was still required to both buildings.

We had not, on this occasion, requested the service to complete a provider information return (PIR); this is a document that asks the provider to give us some key information about the service, what the service does well and any improvements they plan to make.

During this inspection we spoke with four people who used the service, the chef, three care staff (including the activities co-ordinator who covered care as well), the manager, the registered provider and the nominated individual (providers representative). We did this to gain their view about the service provided. We looked around both buildings, the 'old' building and the 'annex' building, observed how staff cared for and supported people, examined three people's care records, four medicine administration records, three staff personnel files, staff training records and records about the management of the home such as auditing records.

Is the service safe?

Our findings

We undertook a follow up inspection on 4 August 2015 to check that the provider had completed all the work required to the 'old' building to meet legal requirements in relation to the outstanding breach. We found that although most of the work had been carried out, some further work still required finishing to make the building safe for residential use.

The service consisted of two separate buildings, the 'old' building which was undergoing full re-furbishment and the 'annex' which was the only building in use at the time of our inspection. We looked around all areas of the annex and saw the lounge areas, dining room, bedrooms, and bathroom and toilet facilities.

On the upstairs corridor it was seen that the carpet was 'rippling' in places and frayed in some other areas creating potential tripping hazards. This could be a risk to people using the service, staff and visitors.

Although regularly cleaned and shampooed we noted that two rooms had a particularly strong odour of urine.

Room 26 - the floor covering was in a poor state. The set of drawers in the room was damaged.

Room 25 – the bedroom door did not close into its rebate effectively, which would put the service user at risk should the fire alarm activate and the door not close properly.

Room 33 – the bedroom door was held open by a piece of furniture and therefore, would not close if the fire alarm activated.

The boiler room located on the upstairs corridor was found to be unlocked and being used by staff to store bags and coats as well as other items. This room was very warm and people using the service were at risk of entrapment should they enter the room and become disorientated to where they are. No risk assessments were in place for this room. This room must not be used for storage of any kind and an appropriate safe locking system must be fitted so the door remains locked at all times. We spoke with the local fire service about this matter.

Where people using the service required the use of a hoist, it was confirmed by those staff we asked, that people did

not have use of their own slings. Using the same slings to transfer people increases the risk of cross contamination and infections. The manager told us there were six people requiring the use of a hoist.

The pathway leading from the front door of the premises had paving stones that were cracked and uneven. Some of these stones moved when stood on, creating a potential tripping hazard.

This was a breach of Regulation 15 (1) (b) (d) (e) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Premises and equipment

We looked around all areas of the 'old' building including every bedroom and communal facilities. We found that all bedroom areas had been fitted with new beds and furnishings, soft furnishings had been installed and, where required, new nurse call points were fitted.

Those rooms with en-suites had all new tiling, flooring and sanitary ware fitted.

Communal toilets, shower and bathrooms had all been re-fitted and redecorated.

New carpets had been fitted to all corridors and lounge areas.

New and appropriate window restrictors had been fitted to all windows where people using the service would have access to.

Work that was outstanding for completion at our last inspection of the 'old' building was found to have been completed.

We were provided with a copy of the electrician's report for these premises that confirmed all electrical work and electrics had been fully checked and were compliant with electrical safety regulations.

We were provided with a copy of the report for this building, supplied by the fire contractor for the service, Bridge Fire Protection. They had carried out a full fire risk assessment of the premises on 24 August 2015.

Many of the people who used the service were unable to fully express their views due to their varying levels of dementia and limited abilities to communicate verbally.

Is the service safe?

One person told us, “Of course I feel safe living here. I’ve lived here a long time and know all the staff and they all know me.” Another person said, “They [staff] are lovely. They look after me and help me every day. I like living here.”

We saw that procedures were in place for safeguarding vulnerable people from harm, including the latest copy of the local authority’s ‘safeguarding adults at risk multi agency policy’. Staff we spoke with were familiar with the safeguarding policy and knew the procedure to follow should they have any concerns.

When asked, those staff we spoke with had a clear understanding of the service’s whistleblowing procedure and said they would have no problems in taking action to report any unsafe or known risks to people’s health and wellbeing to the relevant agencies, including the Care Quality Commission (CQC). When asked what these risks might be one care worker said, “Any poor practice being carried out, and, if the manager or senior did not respond to my concerns, then I would report it elsewhere.” The manager of the service told us that they were developing a culture where staff would feel comfortable about raising their concerns, in order to help keep people who use the service safe from harm.

We looked at three staff personnel files and saw a safe system of recruitment was in place. Each file contained an application form, a document to record full employment history, proof of identity, and two appropriate references, including one from the person’s last employer. Checks had also been carried out with the Disclosure and Barring Service (DBS). The DBS carries out checks and identifies to the provider if any information is found that could mean a person may be unsuitable to work with vulnerable adults. We also saw that the manager was in the process of auditing all staff files to make sure all employment documentation was in place for those staff that had transferred across from other agencies.

To minimise the risk to people living in the home should there be an emergency, especially for evacuation in the event of a fire, each person had an individual person emergency evacuation plan (PEEP). Records seen indicated there was a fire risk assessment in place for the premises and regular in-house fire safety checks had been carried out to check that the fire alarm, firefighting equipment and emergency lighting were in good working order and that all fire exits were kept clear. Records seen also confirmed that the equipment and services within the home were serviced

and maintained in accordance with the manufacturers’ guidance and instructions. A maintenance person was employed to undertake minor repairs in the home such as undertaking and checking hot water temperatures.

The home manager was the named infection control lead for the home and carried out regular infection control audits. Infection control training was part of the staff training programme and details in the staff training records seen indicated most staff had completed this training or were scheduled to complete the training. We saw staff had access to and wore protective clothing, including disposable vinyl gloves and plastic aprons when carrying out personal care duties. People living in the home, staff and visitors had access to hand gels, liquid soap and paper towels at each hand-wash basin. However, we did find that where people required use of the hoist, shared slings were being used. Although some measures that were in place helped to prevent the spread of infection, using shared hoist slings did not.

Inspection of the staffing rosters, discussions with individual staff, people who used the service and the manager showed there were sufficient suitably experienced and competent staff available at all times to meet people’s identified needs.

We looked at what systems were in place for the receipt, storage, administration and disposal of medicines. A medication trolley was used to transport medicines for administration to people using the service. Each person had their own medication administration record (MAR) and we checked the MAR’s for four people who used the service. A number of people were prescribed painkillers to be taken as and when required. The MAR’s indicated that people were given their medicines as prescribed by suitably trained care staff. This helped to make sure people’s health and well-being was being protected and maintained. We randomly checked the balances of some medication to be administered ‘as and when required’ for two people. We found all balances to be correct.

A new system had been set up by the manager to assess and monitor any accident or incidents that took place in or out of the home. Each care plan file included a new, individual falls risk assessment and falls log, on which to record any falls sustained. All relevant staff had been taken through the process they must now follow should a person using the service sustain a fall or an injury. Following a fall (or injury) the falls log would be completed at the time by

Is the service safe?

staff on duty. All relevant information would be recorded and the care plan updated to reflect any changes to the

care the person now needed. This information was then left for the manager to review and assess. This was done on a daily basis. We saw completed reports to confirm this had taken place.

Is the service effective?

Our findings

We asked two people using the service what they thought about the staff working in the home. Their comments included, “I like living here. The girls [staff] know me and I know them. Nothing is too much trouble” and “I don’t have any problems with anything. The staff are great with me and help me all they can.”

Staff we spoke with told us about people receiving an assessment of their needs before moving into the home to make sure their needs could be properly met by the service. We looked at the care files of two people who had recently been admitted to the home. We saw that the home manager had conducted an assessment of their individual needs before they had moved into the home. One assessment had been carried out in hospital and the other, at the person’s own home.

Those staff we spoke with told us they had received appropriate induction training when they started working at the home. They also told us they had access to, and received regular appropriate training. The manager provided us with details of the current training plan for all staff employed in the service. All staff with the responsibility for administering medicines in the home had completed medication training. Other training completed included, fire awareness, emergency first aid, food hygiene, manual handling, safeguarding, end of life care, dementia awareness, infection control and health and safety. 10 members of staff held a National Vocational Qualification (NVQ) at level 2, 3 or 5. At the time of our visit the manager was reviewing the individual refresher training some staff still needed to complete.

Records we looked at showed that systems were now in place to make sure staff received regular formal one to one supervision and an annual appraisal. Staff we spoke with also confirmed that they were now receiving supervision on a consistent basis from the new manager. Such meetings help staff to discuss their progress at work and also discuss any learning and development needs they may have.

We asked the manager to tell us what arrangements were in place to make sure people were enabled to consent to their care and treatment. We were told that, wherever possible, if people using the service had capacity, they would be involved in planning their care and treatment. The two people we spoke with told us they were never

forced or made to do anything they didn’t want to. Their comments included, “The girls [staff] always ask me first before they do anything, like, do you want a bath ? or things like that” and “They [staff] always ask me first, they don’t make me do anything I don’t want to.”

As part of our inspection of the service we observed staff interacting with people. From these observations it was evident that some people did not have capacity to consent to the care or treatment being provided to them. We asked the manager how they would gain people’s consent. They told us that they would do this by arranging a ‘best interest’ meeting. We saw evidence of such meetings on two care files we examined. These meetings were used to decide how to gain the best outcome for a person using the service. Such meetings could involve relevant health care professionals and family members who were involved with the person prior to moving in the home. Records we saw showed that where able, people using the service had signed a consent form agreeing to care and treatment.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The manager was able to tell us about their understanding of the Mental Capacity Act 2005 (MCA) and the work they had done to determine if a person had capacity to give consent to their care and treatment. We saw evidence that 18 applications for legal authorisation of DoLS had been made for people living in the home.

Care records seen showed that people using the service had access to other health and social care professionals, such as social workers, district nurses, general practitioners and community practitioners.

We participated in the lunchtime meal being served in the downstairs dining room. There was a choice of meal and dessert and the meal served was described by people as “very nice”, “lovely” and “you can’t get better.” The meal we sampled was homemade pie, chips, peas and gravy. This was served hot, nicely presented and was tasty. We noted that people enjoyed their meal and very little waste was returned to the kitchen.

Records we looked at showed that following each meal staff completed records for those people who required monitoring of their fluid and food intake. The care records we looked at included a nutritional assessment and

Is the service effective?

associated care plan and risk assessment. We saw action was and had been taken if a risk was identified. We saw referrals had been made to the dietician, speech and language therapist or the persons own doctor.

Is the service caring?

Our findings

People who used the service were very complimentary about the staff. Comments made to us included, “I like the staff that work here”, “They [staff] look after you very well indeed” and “I like living here, the staff are like my friends.”

We saw that people looked well groomed, well cared for and wore clean and appropriate clothing. Staff told us that sometimes they had difficulties in encouraging certain people to change and wash regularly but this information was included in the persons care plan and the best way to deal with this when such a situation arose.

A discussion with care staff on duty demonstrated that they knew and understood the needs of the people they were supporting. Staff told us, “I try and make sure I support people in a way I would like my family members to be treated”, “We get to know each person well and their care plans help us to do that” and “We know people that well, if something is wrong we pick ‘it’ up straight away.”

We observed staff responding and caring for people with dignity and respect, knocking on doors before entering bathrooms and toilets and people’s bedrooms.

We saw staff having one to one conversations with people and asking people what they would like to do, for example, watch television or participate in one of the activities taking place. The atmosphere in the home was relaxed and calm and we saw and heard staff and people using the service enjoying chatting and laughing about different topics. People’s response to staff interactions showed they knew the staff and trusted them when being supported and assisted with their care.

We observed how staff interacted with those people with limited verbal communication. Staff were seen to use sensitive gestures, such as gently touching a person’s hand when speak with them or smiling at the person when

assisting them. It was also noted that most staff got down to the persons eye level when communicating with them. This meant the person could have direct eye contact with the member of staff and did not appear ‘overpowered’ when being assisted.

People living in the home were supported to maintain as much independence as possible. In our discussions with staff, they showed they had an understanding of the people they were supporting and of their individual needs. Staff were able to describe people’s likes and dislikes, preferred preferences and their individual daily routines. We saw people looked cared for and were appropriately dressed. We observed staff responding to people on an individual basis and those people unable to express their views appeared settled and at ease with the staff that supported them.

We saw that staff cared for people who used the service with dignity and respect and attended to their needs discreetly, especially when supporting people to use the bathrooms or toilets. We observed staff responding to people’s requests to use the toilet and saw no evidence that people had to wait very long before staff attended to them. We also noted that staff frequently reminded and encouraged those people who were unable to make a verbal request, to use the toilet.

We asked the manager about people’s involvement and decision making around end of life care. The manager told us that staff were waiting to attend the Six Steps end of life training. This training makes sure that people using the service are afforded resources to facilitate a comfortable and pain free death. The manager and staff we spoke with were able to describe how they currently provided end of life care that was compassionate, caring and understanding both to the person and their family and relatives.

Is the service responsive?

Our findings

People using the service told us that they felt their needs were being met. One person told us, “I am very happy living here and very happy with the care I get. The staff here are the best” and “They send for the doctor when I’m not well”. Another person told us, “I know all the staff and they know me, they know what help I need and are there when I do need them.”

We were told that before a person moved into the home a pre-admission assessment of their needs would be carried out by the manager. This would be done to make sure the service could meet those needs identified at the time of the assessment. To gain as much information as possible, the manager would also liaise with the local placing authority, family members and any health care professional that had previously been involved in supporting the person.

At the time of this inspection, the manager had recently implemented a new and improved care plan and risk assessment format. We saw that every care plan file was being evaluated to identify where changes were needed. Following this, an action plan was put in place that was being reviewed by the manager on a weekly basis. Checks were being carried out to make sure that each care plan had been written within the last 12 months, were still appropriate and had been reviewed regularly.

We saw that each care file included a new format care plan and associated risk assessment documentation. Each care plan was written in person centred way, included specific information relating to the individual person, and included their personal preferences and choices.

Information was included about how staff must respond to weight loss, falls and other concerns arising about people

using the service. We could see that referrals had been made to the CARA team (Community Assessment and Rapid Access Team) where people had suffered from consistent falls.

People’s diet and fluid intake were closely monitored and action taken where concerns had been raised. We saw evidence to show that the person’s doctor, dietician or speech and language therapist had been contacted to discuss and take appropriate action where those concerns had been raised.

We looked to see what activities were provided for people. Since our last visit to the service, designated activities co-ordinator had been employed who provided various activities on a daily basis. We saw there was a weekly activities plan displayed and individual records were kept for people that participated in those activities. Activities took place every day directly after lunch, between one and three pm.

Staff we spoke with told us they had enough equipment to support and meet people’s needs. We saw aids and adaptations such as pull down handles in toilets had been fitted around the home and were available to promote people’s independence, safety and comfort where possible.

People using the service who we spoke with told us they would feel comfortable if they needed to raise a concern or complaint. They told us they would speak to a member of staff or the manager. The complaints procedure was displayed in the hallway and, although most information was included, the procedure may benefit from displaying other information such as the details of the Local Authority and Local Government Ombudsman. At the time of our visit, the registered provider visited the home and they confirmed that a new set of updated policies and procedures would be delivered to the home manager following this inspection. This included an updated complaints procedure.

Is the service well-led?

Our findings

At the time of this inspection, there was no registered manager in place. The service had been without a registered manager since April 2015. A new manager had been in post since 13 July 2015 who has yet to make an application to the Care Quality Commission. The provider is currently in breach of a condition of their registration. 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 about how the service is run.

This was a breach of section 33 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Failure to comply with conditions.

The manager told us that the nominated individual (providers representative) and the provider visited the service on a monthly basis, providing management support and guidance. Both the nominated individual and the provider were present for parts of the inspection process.

We asked the manager to tell us how they monitored, reviewed and evaluated the service to make sure people received safe and effective care. We were told that new systems had been put in place to enable regular checks of care files / plans, staff training, medication records, the environment and infection control.

The home manager provided us with evidence to show that a maintenance audit had been carried out for the annex in September 2015 and who was responsible for addressing any action required, although timescales for completion needed adding. This audit included all bedroom and communal areas. If this audit had been robust enough, areas of concern regarding the environment found during this inspection should have been identified and appropriately dealt with.

We saw that monthly audits of staff personnel files had been carried out and action had been taken where required. Monthly audits of service user's dependency level had been carried out to check if staffing levels were sufficient to meet people's needs.

To make sure effective communication took place between staff team, records seen indicated that information about people living in the home was handed over at the change

of each shift. The manager had introduced a daily handover sheet that included details of all staff on duty throughout a 24 hour period, the appointed first aid person for each shift, people's individual health and wellbeing and other relevant information to keep staff informed and up to date.

Staff capability assessments had been carried out for those staff with the responsibility for administering medicines in the home. Other audits that were being conducted included weekly staffing levels, staff supervision and annual appraisals. Where shortfalls were noted, relevant and appropriate action had been taken.

The nominated individual (providers representative) carried out an audit of the service every three months. We were provided with a copy of the completed audit for 24 – 29 September 2015 and the actions required following that audit. Evidence was available to demonstrate where action had been taken.

We saw that a 'handover' meeting was undertaken on each shift to help ensure that any change in a person's condition and subsequent alterations to their care plan was effectively communicated to staff and understood. These handover meetings were recorded throughout a 24 hour period.

Minutes from a full staff meeting held on 21 September 2015 were made available. We saw that this meeting included discussions around, care plans, well-being, bathing and weight recording, hospital transfers, charts – when to document, personal care, meal time experience, laundry and activities. The manager told us that it was their intention to hold a full staff meeting at least every three months.

At the time of this inspection, no formal meetings had been held for people using the service. We saw that the previous management of the service had sought feedback from people who used the service and their relatives through annual satisfaction questionnaires. We looked at some of the responses to the 14 questionnaires that were sent out during 2014. The comments made were very positive about the service provided. These questionnaires had been returned to the previous registered manager of the service and there was no evidence of any analysis to show if any action was required to improve the service.

Staff we spoke with told us that the new manager was, "really nice", "was making changes for the better", "we are

Is the service well-led?

now being managed”, “we are now getting our one to one supervisions”, “the new manager explains things in a nice way. The care plans are a lot better and I definitely feel more supported” and “the new manager is lovely, strict in a good way. The paperwork is more meaningful and we know why we are doing it. She is very supportive and the service is now being properly managed.”

At the time of this inspection there was no information available to identify what the vision and values of the organisation were.

The manager told us how they wanted to develop an new ethos for the service, the main aim was to ensure that people using the service were at the centre of everything the home stood for and were supported by a well trained, skilled and compassionate workforce.

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
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment</p> <p>People who use services were not protected against the risks associated with unsafe or unsuitable equipment because of inadequate safety measures and maintenance.</p> <p>Regulation 15 (1) (b) (d) (e) (2)</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Section 33 HSCA Failure to comply with a condition</p> <p>There was no manager in post who was registered with the Care Quality Commission.</p> <p>Section 33</p>