Hinckley Care Limited

The Ashton Care Home

Inspection report

John Street
Hinckley
Leicestershire
LE10 1UY
Tel: 01455 233350

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Ratings

Overall rating for this service	**Requires improvement**
Is the service safe?	**Requires improvement**
Is the service effective?	**Requires improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires improvement**

Overall summary

This inspection took place on the 22 and 24 September 2015 and was unannounced.

The Aston Care Home provides accommodation for up to 72 people who require nursing or personal care. There were 53 people using the service at the time of our inspection including people living with dementia.

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

Not everyone we spoke with felt there were always enough staff on duty to meet the needs of the people using the service. The management team had acknowledged this and were currently looking at the staffing levels at the service.

People told us they felt safe living at The Ashton Care Home. The staff team were aware of their responsibilities

Summary of findings

to keep people safe and told us they would report any concerns to the management team. The management team had not always referred concerns onto the relevant authorities.

The risks associated with people's care and support had been assessed. This provided the registered manager and the nursing team the opportunity to identify, assess and address any risks associated with people's care and support.

Recruitment processes had been followed and checks had been carried out on new staff members to check they were suitable to work at the service.

People on the whole had received their medicines as prescribed, though there were some inconsistencies within people's medication administration records.

People had been involved in making day to day decisions about their care and support and when necessary, assessments had been carried out to assess their mental capacity to make decisions for themselves. The assessments we checked however were not decision specific and we could not determine which part of the person's care and support they related to.

People's nutritional and dietary requirements were assessed and a balanced diet was provided, with a choice of meal at each mealtime. Monitoring charts used to monitor people's food and fluid intake were not always completed consistently.

The staff team felt supported by management. Training had been provided and they had been given the opportunity to meet with a member of the management team to discuss their progress.

People told us they were treated with respect and the staff team were kind and considerate. Relatives agreed.

Relatives and friends were able to visit at any time and they told us they were always made welcome by the staff team.

People had access to all the required healthcare services, they were supported to maintain good health and received on-going healthcare support.

There was a formal complaints procedure which was displayed throughout the service. People knew how to complain and they felt that any issue that was raised would be dealt with appropriately.

Staff meetings and meetings for the people using the service and their relatives were being held. This provided people with the opportunity to be involved in how the service was run.

There were systems in place to regularly check the quality and safety of the service being provided and regular checks had been carried out on the environment and on the equipment used to maintain people's safety. The monitoring of records had not always been effective in identifying shortfalls.

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 consistently safe.

People living at The Ashtons told us they felt safe and the staff team knew their responsibilities for keeping people safe from harm. Not all safeguarding incidents were promptly notified to the local authority or CQC.

Not everyone thought there were enough staff on duty to meet people's needs.

Risks associated with people's care and support had been assessed and managed.

Recruitment procedures were robust.

Requires improvement

Is the service effective?
The service was not consistently effective.

Assessments of people's mental capacity were not always carried out in line with the Mental Capacity Act 2005.

A balanced and varied diet was provided but records relating to nutrition and hydration were not always completed properly.

People were supported to access healthcare services.

Requires improvement

Is the service caring?
The service was caring.

People told us the staff team were kind, caring and considerate.

The staff team respected people's privacy.

People were supported and encouraged to make choices about their care and support on a daily basis.

Good

Is the service responsive?
The service was responsive.

People's needs had been assessed before they moved into The Ashtons.

People were involved in deciding what care and support they needed but their plans of care were not always accurate.

People knew how to make a complaint if they were unhappy about something and were confident that this would be dealt with.

Good

Is the service well-led?
The service was not consistently well led.

The management team were open and approachable.

Requires improvement

Summary of findings

People were given the opportunity to have a say on how the service was run.

There was a quality assurance system in place to monitor the quality of the service being provided though this did not always pick up inconsistences within people's records. This was being addressed.

The Ashton 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 inspected the service on 22 and 24 September 2015. The inspection was unannounced. The inspection team consisted of three inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection, we reviewed information we held about the service and notifications that we had received from the provider. A notification tells us about important events which the service is required to tell us by law. We contacted the commissioners of the service to obtain their views about the care provided. The commissioners had funding responsibility for some of the people that used the service. We also contacted other health professionals involved in the service to gather their views.

We were able to speak with seven people living at The Ashton Care Home, eight relatives, 14 members of the staff team and the registered manager.

We observed care and support being provided in the communal areas of the home. This was so that we could understand people's experiences. By observing the care received, we could determine whether or not they were comfortable with the support they were provided with. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records about people's care and how the service was managed. This included four people's plans of care, 53 people's medication records, four staff recruitment files and training records and the quality assurance audits that the registered manager completed.

Requires improvement

Is the service safe?

Our findings

A concern had been raised with us prior to our visit regarding the numbers of staff that were on duty and whether there were enough staff members working on each shift to meet people's needs. We discussed this with the people using the service and whilst some felt there were enough staff, others questioned whether there were. One person told us, "There seem to be less staff at nights and at weekends". Another told us, "If I call staff by buzzer, they come." Another explained, "I had to press my buzzer last night for my medication, it was getting late and I should have had my medication hours ago I was worried". We shared this information with the registered manager so that they could look into this.

Relatives we spoke with also had mixed views on whether there were enough staff working to meet their relations care and support needs. One relative explained, "There is a high turnover of staff, many of the good ones have left and the ones that have just been taken on seem to be inexperienced." Another told us, "I think there are enough staff here." A third relative stated, "There are not enough staff."

We checked the log for the call system between the 1st and 7th September 2015 to see how long people had to wait for assistance. We found that there were 16 occasions when people had to wait for more than five minutes for their call bell to be answered. Five of those occasions the call bell was not answered for over ten minutes and one occasion when the call bell was not answered for over 17 minutes. Although it is acknowledged that these were just 16 calls out of many, many more, this still had an impact on the people involved.

When we asked the staff team whether they felt there were enough staff on duty to meet people's needs, they told us there were. One staff member told us, "I feel there are enough of us on and if we are struggling we can always ask for assistance." Another explained, "I feel there are enough staff on days and nights." We observed the staff team supporting people throughout our visit. People were given the time they needed and they didn't seem rushed.

On the day of our visit an emergency occurred which required the nurse from the top floor to attend to someone on another floor. The nurse was new to the role and was being supported by an agency nurse. If the agency nurse had not been in attendance, the nursing floor would have been left unattended by a nurse. One of the nurses explained, "I do not feel one registered nurse is sufficient to support 17 residents, it takes up to 20 minutes to administer medication to one resident."

We checked the rota and discussed staffing numbers with the registered manager. The rota showed us there were five carer's on the ground floor, four carer's on the middle floor and four carer's and a nurse on the top floor during the day. At night time there were two carer's rotared on the ground and middle floor and a carer and a nurse on the top floor.

The registered manager had begun to determine staffing levels based on people's dependencies. They calculated how many staff members were required both day and night, to meet the needs of the people using the service and to keep them safe. The registered manager had also discussed staffing levels with staff to consider whether there were enough staff on duty on each shift.

We were informed that 26 new members of staff had been employed in the three months prior to our visit.

People we spoke with told us they felt safe living at the service both day and night and they were properly cared for. Relatives agreed. One person told us, "When I am assisted in the shower I feel safe with the carer's." Another told us, "I do feel safe here, if I didn't I would go to the boss lady [registered manager]." A relative explained, "I go away and I know that [their relative] is safe and well cared for."

Staff we spoke with had a good understanding of the different types of abuse that could occur and knew the procedure to follow if they had a concern of any kind. One staff member told us, "I would report anything straight to [registered manager] and if I was unhappy with the response I would report it to [the provider] then safeguarding and CQC."

A relative we spoke with told us of two safeguarding incidents that had recently occurred. Although the incidents had been recorded, they had not been referred to either the local safeguarding team and police for action in order to keep people safe or notified the CQC. The registered manager told us that they had overlooked making the referrals and notifications. They made retrospective referrals and notifications on the day of our visit.

Requires improvement

Is the service safe?

The risks associated with people's care and support had been assessed. This enabled the registered manager and the nursing team to identify and assess any risks associated with people's care and support. Risk assessments had been completed on areas such as nutrition, skin integrity, moving and handling and falls. We discussed with the registered manager how falls were monitored. They explained that new documentation was being used and falls were now being monitored on a weekly basis. This has enabled the registered manager to identify any trends or concerns more quickly and refer to the local falls team.

Regular safety checks had been carried out on the equipment used for people's care and on the environment. Fire safety checks had been carried out and the staff team were aware of the procedure to follow in the event of a fire. A personal emergency evacuation plan had been completed for the people using the service and this showed what help and support they needed if they had to be evacuated from the building.

An external company had completed a fire risk assessment prior to the service opening in September 2014. The identified work required to make the service safe had been completed. However, there was no paperwork from the company carrying out the work to confirm this. The fire risk assessment which had a suggested review date of 12 months had not been updated to reflect the work carried out. The registered manager provided us with a letter from the external company. This confirmed that the fire risk assessment only needed to be updated if there was an alteration to the building or there had been a fire, which there had not.

There was a procedure for the reporting and investigating of incidents and accidents and staff members demonstrated their understanding of this. This involved assessing the person, involving emergency services if required, recording it and reporting it to the nurse and the registered manager. One staff member told us, "Incident and accident records are taken seriously by senior staff as they are reported to the local authority safeguarding team or other relevant bodies where required."

Appropriate recruitment procedures had been followed when new members of staff had started work. Back ground checks had been carried out. These included obtaining suitable references and a check with the Disclosure and Barring Scheme (DBS). A DBS check provides information as to whether someone is suitable to work at this service.

People's previous employment had also been checked. For the nurses who worked at the service a check with the Nursing and Midwifery Council (NMC) had been carried out to check that they had an up to date registration with them. Nurses can only practice if they are registered with the NMC.

We looked at medicines management to see if people had received their medicines as prescribed. We saw that on the whole they had, though there were some inconsistencies about how staff administered some people's creams. We found the medication administration records (MAR) had not always been signed when creams or sprays had been applied. Body maps used to show the areas where creams and sprays should be applied had not always been completed.

We looked at the MARs. We saw there was a photograph of each person to aid identification. This reduced the risk of medicines being given to the wrong person. The MARs had information about people's allergies and included possible side effects of their medicines. Medicines were stored safely and there was an appropriate system in place for the receipt and return of people's medicines.

Where people were looking after and taking their own medicines, a risk assessment had been completed and it had been deemed safe for them to do so.

Where people had medicine on an 'as required' basis or in variable doses, protocols were in place. These provided the nurses and senior care workers with information on when, why and how these medicines should be administered.

For one person who was prescribed paracetamol 'as required', the records for this were not always being completed accurately. Some staff members were recording when this medicine had been offered but refused, whilst others were leaving the record blank. This meant that there was no audit trail to show that the medicine had been offered.

A relative told us, "Medication is given to residents without staff ensuring that the resident takes it." We observed two medicine rounds. We saw the nurse give people their medicines on the top floor and the senior care worker giving people their medicines on the middle floor. They explained to people the reason for their medicine and provided them with a drink to take it. We saw both the nurse and the senior care worker check that people had taken their medicine before assisting the next person.

Requires improvement

Is the service effective?

Our findings

People using the service told us that they thought the staff team had the skills and abilities to meet their care and support needs and they looked after them well. One person told us, "The carer's are very good, very competent. They are trained and they know what help I need."

The majority of relatives we spoke with told us the staff team working at the service had the experience and abilities they needed to meet the needs of their relations. Some however felt that one or two of the staff team lacked experience. One relative told us, "We can't fault the care, the carers are very good and make sure [their relative] needs are met." Another explained. "We can't fault the care, the staff team know what needs to be done and carries out [their relative] care exceptionally."

We observed the staff team supporting the people using the service. At times this was effective at other times it was not so. We observed one person displaying behaviour that challenged others. One member of staff did not seem to know what to do but another member of staff intervened. They spoke calmly to the person and tried to calm them, they spoke gently and encouraged them to their seat. Another time we observed a staff member encouraging a person to help wash up the pots. At other times though, we saw staff members not interacting as well.

We observed the handover on the top floor of the service. This was where people with nursing needs resided. The handover was very detailed about each person. It provided the staff with detailed instructions and specific person centred information was passed on to show how best to support the people using the service.

Assessments of people's mental capacity to make decisions about their care and support were completed. However, not all of the assessments completed were decision specific. The assessment form in one person's plan of care told us that they 'lacked capacity' with no explanation as to what area of their care or support this related to. We also found that for people who needed to have their medicine covertly, capacity assessments relating to their ability to make decisions about their medicines had not always been completed.

The Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) set out the requirements that ensure where appropriate, decisions are made in people's best interests when they are unable to do this for themselves. Assessment and authorisation is required if a person lacks mental capacity and needs to have restrictions on certain freedoms to keep them safe.

Not all of the staff team had received training on MCA or DoLS though the majority of the staff members we spoke with during our visit had an understanding of these. One staff member told us, "It is when people cannot make decisions for themselves, these then need to be made by someone else and only when it is in their best interest."

We talked to the staff team and they told us they had received the training they needed to properly look after the people in their care. They told us they had received a period of induction when they first started working at the service and training relevant to their role had been provided. A check of the staff training record confirmed this. A training plan was in place and regular on-going training was being provided. We noted on the first day of our visit members of the staff team were being provided with moving and handling training and dementia awareness training had been booked for the following day.

The staff team felt supported by the registered manager. They explained that they had been given the opportunity to meet with a member of the management team to discuss their progress and regular team meetings had been held. One staff member told us, "I feel 100% supported by [registered manager]. She is a fair manager and is very approachable." Another told us, "I have supervision three-monthly, I've had 2 [supervision sessions] since starting here."

We asked people for their thoughts on the meals served at The Ashtons. One person told us, "The food is very good, and you have a choice and if there is something you don't like they will get you something else." Another person told us, "The food I have is pureed, it is good, they feed me well and they take me to the dining room often."

The majority of relatives agreed. One relative told us, "[their relative] has put weight on whilst being here, the food is very good, I sometimes have meals here and there is a choice given." Another told us, "The food is very good, [Their relative] doesn't like beef, so there is always something else available." We did receive one negative comment from a relative. They said, "I feel the food is served too hot to residents on the dementia floor and no supervision, the staff speak amongst themselves and do

Requires improvement

Is the service effective?

not sit with residents to assist them." Although we did see instances when the staff team talked amongst themselves during our visit, this was during meal times and we did not see people who could not help themselves to their meals, not being assisted.

During meal times people were offered a choice of where to sit. We saw the tables were set with table cloths and serviettes and condiments were available. Jugs of juice were brought through with three choices and a visual choice of drink was offered. People were offered a choice of meal and alternatives to those choices were also offered if someone preferred something else. People were asked about the quantities of food they preferred and their meal was then plated for them rather than being pre- plated. This provided a more personalised meal for them.

People were given the time they needed to complete their meal at a pace that suited them.

The chef told us that whilst there was no one who currently required a fortified diet, they used fortified milk to make porridge at breakfast time. They were knowledgeable about the requirements for people who required soft or pureed food and were aware of people's individual likes, dislikes and preferences.

For people who had been assessed to be at risk of dehydration or malnutrition monitoring charts to document their food and fluid intake were used. We noted on some people's fluid charts that there was no recommended daily fluid intake for the staff team to follow. This meant staff could not be sure that they had given people the correct amount of fluids they needed to keep them well. When we looked at the food and nutrition records for one of the people using the service, we found that these had not always been completed consistently. We also noted that there were inconsistencies with the staff team's understanding of this person's dietary requirements. The information the chef had was that the person required a soft diet. However, when we saw them at lunch time they were being served bacon. We asked the care worker about this and they were unsure as to whether the person should have a soft diet or not. They explained that they may have required a soft diet on admission to The Ashtons, but had started eating well so a soft diet was no longer required. This was not included in their plan of care.

People were supported to access all the necessary healthcare professionals including doctors and community nurses. One person told us, "I have been told that the doctor will come promptly when requested. Also the dentist, chiropodist and optician will come on a regular basis." A relative told us, "They [the management team] get the GP out whenever it is needed, there is no hesitation." One person's records showed us when they had started having swallowing difficulties a referral to the dietician had been made. People's health needs were monitored and referrals to health professionals were made when appropriate.

Good

Is the service caring?

Our findings

People told us the staff team at The Ashtons were kind, considerate and caring and looked after them very well. One person told us, "I am very happy here, the carer's are lovely, they treat me very well. They are very caring and very genuine." Another person explained, "I am treated with respect and my dignity is upheld."

Relatives we spoke with agreed. One relative told us, "I can't fault the staff they are pleasant and nothing is too much trouble. They [staff] have got to know [their relative] and she has got to know them." Another relative explained, "The carers are amazing, they not only do their job, but they also sit with [person using service] and have a chat, they are lovely. The house keeping staff are brilliant as well."

We observed staff interacting with the people using the service. Staff were respectful, polite and friendly. They spoke with people in a cheerful manner and we heard pleasant conversations throughout our visit. We saw one member of staff reassuring someone who was distressed, they were able to calm them and engage them in an activity. Another person just wanted someone to sit with them, which another staff member did.

We did note on the first day of our visit that particularly on the middle floor, some of the staff members tended to congregate with one another rather than spending time with the people using the service. We did not see this on the second day of our visit.

We observed the staff team assisting one person to move using a hoist. This was done in a dignified and respectful manner. The staff members were caring and put the person at ease by explaining what they were doing. Afterwards the person was asked where they would like to sit, providing them with the choice.

The staff team gave us examples of how they promoted people's privacy and dignity when helping them. One staff member explained, "I always knocks on the door before entering a resident's room and ensure that curtains and doors are closed when I'm supporting residents with their morning routine. I also ensure one half of the body is always covered and I will talk to them and explain tasks when I'm supporting residents with personal care." We observed staff knocking on doors and waiting to be invited in.

People using the service had been involved in making day to day decisions about their care and support whenever possible. One person told us, "We can decide when to get up and where to eat our meals." A relative told us, "The staff encourage person using service] to do what she can for herself, she can choose what carer she wants. There are no restrictions. If she wants to go to bed at 8pm she can, if she wants to go to bed at 10pm she can."

We looked at people's plans of care to see if they included details about their personal history, their personal preferences and their likes or dislikes. We found that whilst the majority of those seen had this information, others did not.Two of the plans of care seen had little personal information however, when we spoke with the staff team they were able to tell us what people liked and didn't like. This included how people liked to be referred to and what interested them. A folder had also been developed, one of which was seen on the middle floor, and this referenced people's individual likes and dislikes. One staff member told us, "You get to know the people you look after and get to know what they like and don't like." Another explained, "I know what the residents like & dislike. I like to sit with new residents and a document titled 'It's About Me' is completed with new residents."

The registered manager explained that there were advocacy services available for people who could not easily make decisions for themselves or who did not have the support of a family member. This meant, if needed, there was someone available to speak up on their behalf.

Good

Is the service responsive?

Our findings

People told us they had been involved in deciding what care and support they needed. One person told us, "I was visited before I moved in and we talked about the help that I needed."

Relatives told us the registered manager had carried out an assessment of their relations needs prior to moving to the service. This was so the registered manager could be sure that their needs could be met. One relative told us, "We came and looked round first, and [the registered manager] came and did an assessment." Another relative explained, "We can't fault it, we came and had a look around and had a chat with [the registered manager] they then carried out an assessment to find out what help was needed. Everyone was very supportive."

From the initial assessment, a plan of care had been developed. We spoke with the people using the service and their relatives to find out if they had been involved in and were familiar with their plan of care. Some people told us they were, others told us they weren't. One relative explained, "We were involved and we have had several one to one's to talk through [their relative] care." Working together with families to obtain person centred information enables the service to provide personalised care in a holistic manner.

Care records were maintained and stored electronically. Plans of care were in place for each person we reviewed though information in some files was contradictory. For example, in one person's file changes in their nutritional needs had not been included in their nutritional plan of care. Another person, whose plan of care stated that they could not verbally communicate, was able to speak with us and they spent some time talking to us about their experience of living in The Ashtons. For another person who had suffered a stroke, one part of their plan of care acknowledged this whilst in another part of the plan of care, there was no record of this. Whilst the plans of care were not all accurate, the staff team were aware of people's care and support needs. A person using the service told us, "I had bed sores since being in hospital, they are getting much better with the care administered by the carer's here."

People's plans of care had been reviewed each month or sooner if changes to their health and welfare had been identified. Where changes in people's health had occurred, the appropriate action had been taken. This included for one person who had suffered a number of falls referring them to the falls team.

Relatives and friends told us there were no restrictions on visiting and they told us they were made welcome at all times. One relative told us, "You always get a really nice welcome when you come in." Another explained, "You can visit anytime, you are always made welcome and you are always offered coffee or tea." Another told us, "When a group of the family came to see [their relative], the staff put on food in the lounge for us all."

A new activities leader had been employed in June of this year and they were in the process of introducing new activities for people to enjoy. A number of new activity groups had been formed following discussion with the people using the service. This included a knitting club, a book club, art and photography club and an armchair fitness club. Entertainers had also been invited in. In the previous month people using the service had been entertained by a number of local singers and a trip to the local social club to play dominoes had been arranged. A relative told us, "They do a lot of social organising."

There was a formal complaints procedure in place and a copy of this had been displayed throughout the service. People told us they knew what to do if they had a concern or complaint of any kind. One person told us, "I would go to [the registered manager] she is very approachable." A relative told us, "I would talk to [the registered manager] she would deal with any concern we had." The complaints process had been followed when a complaint about the service had been received. This included an acknowledgement of the complaint and an investigation into the concerns. The majority of the complainants had been notified of the outcome to their complaint though one person told us that they had yet to receive formal feedback. We shared this with the registered manager and were told that this would be followed up.

Requires improvement

Is the service well-led?

Our findings

People told us the service was properly managed and the management team were open and approachable. One person told us, "I think [registered manager] is an excellent manager, there is a lot of trust there." Another person explained, "They [management team] are really good, they immediately get in touch if there are any problems and we are kept informed all the way through."

Staff members we spoke with told us they felt very much supported by the registered manager and the management team. They told us they felt able to speak to them, whether it was to raise a concern or to make a suggestion to improve the service. One staff member told us, "This service is well led because everyone knows what they are supposed to do every day. The culture here is team working. There is open communication and good handovers. Support is always available and I always get constructive feedback." Another staff member explained, "If you have any ideas or ways to improve the service the manager says, 'If you think it will help, go for it', She is really good that way." Regular staff team meetings had been held. These provided the staff team with the opportunity to discuss and share ways of improving the service.

People using the service and their relatives and friends were encouraged to share their thoughts of the service provided. Regular meetings had been held. One person told us, "We do have meetings." A relative told us, "They let us know about relatives meetings where we are able to air any concerns."

The staff team were aware of the provider's aims and objectives. One staff member told us, "We are here to promote as independent a living as possible, provide personal care and enrich lives." Another explained, "The aims and objective of this service is to assist people as much as possible and to reassure service users that the carer's are here to support them".

Daily handovers were taking place between shifts. These provided the staff team with the opportunity to discuss the needs of the people using the service, discuss day to day issues that arose during their shift and encouraged open communication.

Systems were in place to regularly check the quality and safety of the service being provided. The registered manager had carried out monthly audits to monitor issues such as incidents and accidents and tissue viability. Audits had also been carried out on staff files and the medication records held at the service. People's plans of care had been monitored and a new monitoring system for falls had recently been implemented. Although these monitoring systems were in place, they hadn't picked up the shortfalls that had been identified during our visit. The registered manager explained that the head of care and the new clinical lead would be assisting in the auditing arrangements moving forward to help tighten up the system.

Checks had been carried out on the equipment used to maintain people's safety and on the environment where care and support was provided. Regular audits had been carried out on the environment and up to date records had been maintained. Checks included checking that the temperature of the hot water was not exceeding legal levels, that the fire fighting equipment was in good working order and the moving and handling equipment was safe and fit for purpose.

The registered manager understood their legal responsibility for notifying us of deaths, incidents and injuries that occurred or affected people who used the service.