

Little Heaton Care Limited

Little Heaton Care Home

Inspection report

81 Walker Street
Middleton, Manchester
Greater Manchester
M24 4QF

Tel: 01616554223

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

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.

The service did not have a registered manager. The current manager had applied to the Care Quality Commission (CQC) to become registered and was awaiting an interview. A service cannot be rated as good in this domain if there is no manager registered with the CQC. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We last carried out an unannounced comprehensive inspection in October 2015. We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This resulted in us serving two warning notices and making five requirement actions. The overall rating for this service was 'Inadequate' and the service was therefore placed in 'Special measures'. A service in "Special measures" is kept under review and inspected again within six months. The expectation is that a service found to have been providing inadequate care should have made significant improvements within this timeframe.

The warning notices stated that the service must be compliant with these regulations by 05 November 2015. The service sent us an action plan informing us what action they intended to take to ensure they met all the regulations.

At this inspection we found improvements had been made to the service. The service will be expected to sustain the improvements and this will be considered in future inspections.

At this inspection although there were improvements we found two breaches in the regulations. You can see what action we told the provider to take at the back of the report.

Staff we spoke with were aware of safeguarding issues and had policies and procedures to guide them, including the contact details of the local authority.

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

There were systems in place to prevent the spread of infection. Staff were trained in infection control and provided with the necessary equipment and hand washing facilities to help protect their health and welfare. The local authority infection control officer had visited the home twice in the last few months. Whilst some recommendations needed to be completed it was reported there were many improvements made between the visits.

There had been many improvements in medicines administration, which was now safe. We highlighted two minor possible hazards.

Most people who used the service said food was good. People were given a nutritious diet and had choices in the food they were offered.

Some staff had been trained in the Mental Capacity Act (MCA) and the Deprivation of Liberty Safeguards (DoLS). The manager was aware of his responsibilities of how to apply for any best interest decisions under the Mental Capacity Act (2005) and followed the correct procedures using independent professionals. Five applications had been granted at the time of the inspection.

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

New staff received induction training to provide them with the skills to care for people. Staff files showed some staff had undertaken sufficient training (not all records showed this) to meet the needs of people and 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 was a good interaction between staff and people who used the service. We observed the good relationships staff had formed with people who used the service and how they responded well to any questions or advice people wanted.

We observed that staff were caring and protected people's privacy and dignity when they gave any care. We did not see any breaches in people's confidentiality on the day of the inspection.

We saw that the quality of care plans gave staff sufficient information to look after people accommodated at the care home and were regularly reviewed. Plans of care had been improved to include people's personal preferences and choices.

There was a record of people's end of life wishes to ensure their needs could be met at this time.

There was a record kept of any complaints and we saw the manager took action to investigate and reach satisfactory outcomes for the concerns, incidents or accidents to reach satisfactory outcomes.

Staff, people who used the service and visitors all told us the new manager was approachable and supportive.

Staff meetings gave staff the opportunity to be involved in the running of the home.

The manager conducted sufficient audits to ensure the quality of the service provided was improved.

The environment was maintained at a reasonable level and homely in character.

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.

There were safeguarding policies and procedures to provide staff with sufficient information to protect people. The service also used the local authority safeguarding procedures to follow a local protocol. Not all staff had been trained in safeguarding topics although the staff we spoke with were aware of their responsibilities to report any possible abuse.

Arrangements were in place to ensure medicines were safely administered. People were encouraged to take their own medicines with staff support. Staff had been trained in medicines administration and the manager audited the system and staff competence.

Staff had been recruited robustly and should be safe to work with vulnerable adults.

Is the service effective?

Requires Improvement 

The service was not always effective. Staff understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). Staff had been trained in the MCA and DoL's and should recognise what a deprivation of liberty is or how they must protect people's rights.

People were provided with a nutritious diet.

From looking at training records we were unclear what training staff had undertaken and therefore may not have the skills to meet the needs of people who used the service.

Is the service caring?

Good 

The service was caring. People who used the service told us staff were helpful and kind.

We saw visitors were welcomed into the home and could see their family members in private if they wished.

Plans of care contained a lot of information about a person's

past history, their personal preferences and likes and dislikes.

Is the service responsive?

The service was not always responsive. There was a suitable complaints procedure for people to voice their concerns. The manager responded to any concerns or incidents in a timely manner and analysed them to try to improve the service.

People were not always able to join in activities suitable to their age, gender and ethnicity.

People who used the service were able to voice their opinions and tell staff what they wanted at meetings. Their families were included if they wished to attend and the manager responded to any issues raised.

People with mental capacity had been able to formally agree for their care and treatment. The manager was making arrangements to hold best interest meetings for people who lacked mental capacity to ensure their rights were protected.

Requires Improvement ●

Is the service well-led?

The service was not always well led. There is no current registered manager.

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.

Staff told us they felt supported and could approach managers when they wished.

Requires Improvement ●

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 checked 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 two inspectors and an Expert by Experience on 02 February 2016. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert was experienced with people who were elderly and required personal care.

During the inspection we spoke with six people who used the service, four visitors/family members, the maintenance person, deputy manager and manager.

Before our inspection visit we reviewed the information we held about the service. This included notifications the provider had made to us.

We did not request 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. This was because the provider would not have had sufficient time to complete the PIR.

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

Is the service safe?

Our findings

People who used the service told us they felt safe. Comments included, "I feel safe and free from bullying. Yes, everything's fine, lovely, my door is unlocked at night and staff check on me" and "If I did not feel safe I could speak to a member of staff (named)." Visitors said, "My relative never complaints about anything" and "They are safe. We raised a concern about the way they handled mother once and they responded to our satisfaction."

The service had policies and procedures for safeguarding adults staff could refer to, which helped them to protect people. The service also used the local authorities safeguarding procedures to follow a local initiative. This gave staff the contact numbers they would need to report any safeguarding issues. Safeguarding policies and procedures told staff about the types of abuse, how and who to report any issues to. There was a whistleblowing policy. This policy ensured that members of staff knew the procedure to follow and their legal rights if they reported any genuine issues of concern. Staff we spoke with were aware of the safeguarding policies, procedures and whistleblowing policy. One staff member told us, "I have reported a safeguarding so I know the process. I would not hesitate to use the whistle blowing policy if I saw poor practice." The Provider was issued with a warning notice for a failure to notify the Care Quality Commission (CQC) with accidents and safeguarding incidents. We saw at this inspection notifiable events had been reported as required to the CQC.

We looked at three staff files. Staff files showed two of three staff had completed training in safeguarding adults. However, the out of date training matrix showed less than half of the staff had completed safeguarding training. Three staff had completed the training in January 2016 and all staff were to complete the course by April 2016. The new manager was updating the matrix from staff files and enrolling staff on the course or a refresher course as necessary.

This was a breach of the regulations at the inspection of October 2015 and the Provider was issued with a warning notice. At this inspection we found staff were being trained in the protection of vulnerable adults if they had not already done so and the matrix was being updated.

At the last inspection of October 2015 we issued a warning notice for not providing safe care and treatment. At the last inspection there were no risk assessments for pressure ulcer assessment or nutrition. At this inspection we looked at three plans of care. We saw a tool in use for nutritional assessment which would highlight the risk a person had if they did not take sufficient food and fluids. Plans of care also showed there were risk assessments for falls, moving and handling and for the prevention of pressure ulcers. The risk assessments were reviewed regularly to keep staff up to date with current needs. People who were classed as medium to high risk were referred to the relevant specialists, for example dieticians or the falls team. Any equipment needed was provided such as an air mattress.

The manager conducted environmental risk assessments to minimise, for example, the risk of slip, trips and falls. Part of the assessment was generic and covered the building as a whole and part individual for each person accommodated at the home which would highlight particular risks or hazards such as trips in their bedroom.

People who used the service said they received their medicines on time. One person told us, "Oh yes I get mine when I should. I have 15 a day and they stay with you whilst you take them." At the last inspection of October 2015 we issued a requirement action due to the unsafe administration of medicines. The new manager and deputy manager had implemented new systems to reduce the risk of medicines errors.

There was a new electronic system for the ordering, storage, recording and disposal of medicines. Staff who had been trained in medicines administration had access to and had been shown how to use the new system. Not all staff were confident with this new system and continued to use the Medicines Administration Recording sheets. The use of two systems meant that there was a possibility of error until all staff were using the new electronic system. However, the manager was arranging further training so all staff were confident in using the electronic system. There were policies and procedures for the administration of medicines for staff to follow safe practice.

Staff had been trained in the administration of medicines, including the night staff who were not trained at our last inspection. This meant staff were able to administer medicines 24 hours a day if necessary. We looked at ten records and found them to be accurate with no omissions or errors.

There was a photograph of each person to prevent any mistaken identity and any allergies were recorded. Staff had access to a British National Formulary when they accessed the computer system which gave them information such as side effects or drug contraindications. Both systems recorded the times medicines were given and would highlight any missed medicines. There was a staff signature list to help audit any errors and management conducted audits to ensure the system was safe. This included competency checks upon the efficacy of staff, cleanliness of the treatment room and taking the temperature of the room and fridge where medication was stored.

Medicines were stored safely in a locked room. We looked at the stock of medication and found there was sufficient without being overstocked. The room where medicines were stored and the fridge temperatures were checked regularly to ensure medicines were stored to manufacturer's instructions. There were no people who used the service who required controlled drugs on the day of the inspection. However, the new computerised system was able to accommodate this should controlled drugs be required. The deputy manager said two signatures would be required for the administration of controlled drugs.

The details of 'when required' medicines was clear for staff and told them the reasons the medicine could be given, the dosage and maximum dosage, how the decision is reached about how and when to give the medicine, actions to take before and after administration, the expected outcomes and when to refer to a GP. This was a safe way to administer this type of medicine.

We saw that one person had refused to take their medicine regularly in the mornings. Staff had reported this to the person's GP who had written a letter to confirm the medicine could be given later in the day if staff could persuade the person to take it.

Medicines such as lotions and creams were kept in people's bedrooms. Staff applied and recorded when the medicines had been applied although it was noted that this was not always completed. A new system was being introduced which entailed a body map showing exactly where creams should be applied and if a person had more than one type of cream colour coding would reduce possible errors.

People who used the service told us the home was clean and tidy. A visitor said, "His room is always clean and I visit five or six times a week." On the day of the inspection we conducted a tour of the building and found it to be warm, free from offensive odours and clean. Furniture and equipment was in a good state of

repair and fit for purpose. The local authority infection control department had visited the home twice and sent us the results of the many improvements made on the second visit. There were some recommendations for the provider to fully comply with infection control requirements. The manager said they were working through the recommendations.

There were policies and procedures for the control and prevention of infection. There were hand washing facilities in all possible areas of cross contamination and we found all the paper towel and hand wash solution dispensers were stocked. There was a dedicated member of staff to clean the home daily. Staff had access to personal protective equipment (PPE) and we saw staff wearing them when required.

The laundry was sited away from any food preparation area and contained sufficient equipment to keep people's clothes clean. There was a facility for sluicing soiled clothes and different coloured bags were used to separate contaminated waste and laundry. A person was employed specifically to do the laundry.

We saw the home was decorated to a satisfactory level and had a homely atmosphere. There was a system for reporting any faults to equipment and a person was employed to undertake any routine repairs. People had personalised their bedrooms and there was sufficient furniture in communal spaces.

There were mechanical aids in bathrooms and toilets. Hot water temperatures were checked and were in the main safe although we pointed out one sink outlet we checked which was very hot to the touch. Radiators were a type that did not pose a burns hazard and windows had restricted opening to prevent people from falling out. The service were having work done on their heating system which could have an effect on hot water outlets. Some people did not have hot water to their rooms. The maintenance person and manager said the system would be made safe when the work was completed. We have since been notified the work was completed, all people had hot water to their rooms and water temperatures were being monitored.

We saw that the electrical installation, gas and electrical equipment was maintained, including the fire alarm, portable appliance testing, lift, hoists and emergency lighting. There was a person employed to repair faults and decorate the home.

Each person had a personal emergency evacuation plan (PEEP) to help evacuate them in an emergency. We noted that there was a business continuity plan which provided information for staff about the action they should take in the event of an emergency or the failure of a service, for example the gas or electricity supply.

We looked at three staff files. We saw that there had been a robust recruitment procedure. Each file contained two written references, an application form, proof of the staff members address and identity and a Disclosure and Barring Service check (DBS). This informs the service if a prospective staff member has a criminal record or has been judged as unfit to work with vulnerable adults. Prospective staff were interviewed and when all documentation had been reviewed a decision taken to employ the person or not. This meant staff were suitably checked and should be safe to work with vulnerable adults.

People who used the service told us, "I have 3 buzzers in my room: one in the toilet, one near my bed and one near where I sit and watch T.V. I've used them and staff come quickly" and "No there are not enough staff." We were sat in the office and could listen to people using their call bell system. Staff answered the call for assistance quickly. Staff members told us, "Sometimes we are quite short staffed. We are busy in the morning and evening. People always seem to want something at the same time", "I think there are enough staff", "Between six and seven we sit with residents and chat with them. We can also talk with people later on. I sit with them when we do the paperwork" and "I would be the first to say if I felt there was not enough

staff." We spoke to the manager about staffing levels. We were told they were currently recruiting a new senior carer and an acting senior carer who would help with staffing numbers.

Is the service effective?

Our findings

People who used the service told us, "I like the food. We have two choices, a standard breakfast but if you don't like it they'll make you something else. If you leave something, it'll be reported and the cook comes and asks if you want anything", and "Yes most of the time. You get a choice but sometimes you don't like them." Family members told us they were invited to take meals with their relative on special occasions such as Christmas or Birthdays.

People were offered the choice of three cooked meals a day. Breakfast consisted of cereals, toast or a cooked option. There was a hot option at lunch and tea. People were served drinks with their meals and in between. People could take their meals as a social occasion together in the dining room or in their room if they wished. The dining room contained sufficient seating for people to dine in comfort and people had condiments to flavour food to their tastes. Meals were unhurried. We did not see any person who required more assistance than prompting. Meals were served promptly.

The cook asked people if they had enjoyed their meal and this helped plan the menu. Special diets such as for diabetics could be catered for but the people we spoke with and evidence in plans suggested their diabetes could be catered for with a sensible diet. The deputy manager said any person who was not eating would be referred to their GP or a dietician.

At the last inspection it was recorded that care staff were covering shifts in the kitchen. No care staff were employed in the kitchen at this inspection because a cook had been recently employed. This meant there were dedicated cooking staff to cover the working week.

The meal served at lunch time looked appealing and everyone seemed to enjoy it. We saw that people's weight was recorded and access to specialists such as dieticians or GP's were arranged if a person was nutritionally at risk.

The kitchen had achieved the 5 star good rating at their last environmental health visit which meant kitchen staff followed safe practices.

Staff members told us they received an induction when they commenced employment at the service. One staff member said, "I had an induction when I started. It took nearly two weeks. I was shown around to get to know staff and residents. They went through the policies and procedures. I looked at care plans and people's personal details, their likes and dislikes and past history so I could start to get to know them. Experienced staff were very supportive." We saw the completed induction paperwork in the staff files we inspected. The manager said any new staff would be enrolled on the care certificate which is considered best practice training for new staff.

People who used the service said, "Yes staff are well trained as far as I know" and "I know all the staff. Some are better than others." We looked at the training matrix and spoke to staff about training. A staff member told us, "I have completed training on dementia, moving and handling, safeguarding, Deprivation of Liberty

Safeguards, Mental Capacity and infection control. Three staff files showed staff had completed training in food safety, medicines administration, moving and handling, dementia care, health and safety, induction, safeguarding, advanced dementia care, diabetes, fire safety, health and safety, first aid for appointed persons and various care qualifications including NVQ or Diplomas in health and social care. A small number of staff had also completed end of life care, nutrition and bereavement training. The training matrix did not reflect what training staff had actually completed and as such it was hard to determine the training staff had undertaken. The new manager was part way through the process of updating any completed training and highlighting refresher courses for staff to add to the training matrix.

At the last inspection of October 2015 the Provider was issued with a requirement notice for insufficient evidence of staff training. The provider remains in breach of this Regulation because it because it still could not be evidenced from records kept that all staff had completed the required training. The manager was updating the matrix and staff were being enrolled on suitable courses.

This was a breach of Regulation 18 HSCA (RA) Regulations 2014 Staffing The provider did not have sufficient arrangements in place to ensure that staff were suitably qualified, competent and skilled in order to meet the needs of people living in the service.

From looking at three staff records and talking to staff we saw that supervision was being undertaken by the new manager and other senior staff. Two staff members told us, "I have had two supervision sessions and attended regular staff meetings since I returned in October" and "Since the new manager arrived we have had more meetings and supervisions than before." Staff were able to bring up topics such as training needs at supervision sessions if they wished. Staff had either received a yearly appraisal or were due to be appraised. An appraisal looks at all aspects of a staff members work record, hopes and aspirations and training or other needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best 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.

We found that several staff had been trained in the MCA and DoLS. Staff we spoke with were aware of what mental capacity meant and how they were to let people make their own decisions if possible.

We saw from one of the plans of care that a standard application had been made for a person using the correct procedures. The provider had notified us of five people for whom a DoLS had been granted. The manager was aware of how to arrange best interest meetings and decisions for people who lacked mental capacity. There was information about the advocacy service available. An advocate is an independent person who will act for someone who does not have mental capacity or wishes someone to speak on their behalf. This meant people's rights were protected.

Although we saw that staff asked people for their consent prior to completing tasks this was not formally

recorded in plans of care for some people. The manager was aware of the need to involve people in their care and we were shown a document which was planned to be used. We have since been informed that this has been completed for all people who have mental capacity. The manager has sent an email to confirm that arrangements were being made for people who may not be able to consent to care and treatment to have a best interest meeting to provide them with safe care and treatment. A best interest meeting is held with professionals and family members to decide what care and support is required for an individual.

This was a breach of Regulation 11 HSCA (RA) Regulations 2014 Need for consent. The provider did not have suitable arrangements in place for obtaining, and acting in accordance with, the consent of people who lived in the home.

We saw from looking at plans of care that people had access to professionals and specialists. This ensured their health and care needs were kept up to date. Each person had their own GP. Arrangements were made for people to attend routine appointments, for example, opticians, podiatrists and dentists.

Is the service caring?

Our findings

People who used the service thought staff were kind and caring. Comments included, "Definitely" and "Yes you have a laugh with them". Visitors said, "Yes, all the time I've been here" and "Yes they do care and they do listen. They are mainly the same staff when we come."

People who used the service thought staff listened to them although one person said, "Sometimes they do and sometimes they don't."

We observed staff interacting with people who used the service during the inspection. Staff were polite and explained what they wanted the person to do before embarking on the task. We did not see any breaches of privacy when staff gave any personal care. Laughter was heard throughout the home regularly throughout our inspection. We saw that members of staff spoke to people in a courteous and friendly manner. One person told us staff allowed him privacy. "I have my tea in my room every night, at 3.30.p.m. I go in my room, chill out; they bring my tea in when it's ready."

We asked people who used the service if they were given the opportunity to be treated as individuals. Two people told us, "Staff support me to be independent. I'm very happy here." and "Yes, but staff haven't got a choice, I just go out." Visitors said, "Yes, he tries to be independent", "Not much chance, she feeds herself but needs staff to assist her with things" and "Yes, they support him to be independent."

At the last inspection plans of care did not contain sufficient information to treat people as individuals. Plans of care had been updated with a document called 'Life Story'. This gave staff information about an individual, for example, where a person grew up, education and work background, places they liked to visit, hobbies and interests such as games or sports, food and drink likes and dislikes, any religious preferences and preferred routines. There was also a document called 'This is Me' which told staff a person's preferred name, family they wanted to be involved in their care, their life up to date, activities they find relaxing, what makes them worried, can a person mobilise safely or what they need to achieve this and many other personal details. We found the improvements gave staff the opportunity to treat people as individuals.

We saw that care records were stored in offices which were locked and only available to staff who needed to access them. This ensured that people's personal information was stored confidentially.

Some members of staff had been trained in end of life care which should enable them to help care and support people who used the service and their families during this difficult time. We saw in the plans of care that each person had a detailed end of life plan which contained the information a person wished for at the end of their life.

We saw that visitors were welcomed into the home at any time. People who used the service could choose to receive their visitors in communal areas or in the privacy of their own room. We were told visitors could come at any time. Visitors said they were made to feel welcome.

Is the service responsive?

Our findings

People who used the service did not think there were sufficient activities. People told us, "I don't join in the activities. Anything I want to do I would do with the family. A singer comes in every so often, very nice, it's advertised in the dining room or by the front door" and "I'd go out with staff if I had the chance, I go out with my friend on Wednesdays and Fridays. No there is not enough to do. There's nothing at all. My idea would be to go out every single day." On the day of the inspection we saw people were involved in a quiz and staff talking with people who used the service. There was a person who was employed to help people attend activities but was off work with an illness. A staff member said activities were taking place which included quizzes, dominoes, taking people out when possible, chairbics and there is an entertainer who comes in. She also told us, "I have had time to sit and talk to people and painted some nails today." When the activities coordinator comes back to work it would be good practice for the manager and coordinator to organise a weekly activities schedule. Other suitable staff should be available to step in when required.

One person told us he attended the church services held at the home by choice. Another person went to the local church to follow their religion. People were able to attend church services if they wished or take Holy Communion in the home if they wished to practice their religion in this way.

There was a suitable complaints procedure which was located in a prominent place in the hallway. The procedure told people the process for raising a concern and gave the responses and timescales the service would respond in. We saw that since the new manager had been employed all accidents, complaints and safeguarding incidents had been analysed. This included one person being referred to the falls team to try to prevent future accidents.

We inspected three plans of care during the inspection. Plans of care provided staff with sufficient details to meet the needs of people who used the service. Plans were divided into people's specific needs, for example nutrition, sleep, personal care, medication and mobility. This highlighted their needs, actions staff needed to take to and the goal to be achieved. We saw the plans were reviewed regularly to keep staff up to date with people's needs. Staff told us they read the plans which meant they were aware of the care people required.

We saw that staff had taken account of people's personal preferences and choices in the care plans to ensure care was tailored to each individual. We saw that the daily records contained information on what people had done or how they had been during the day, which could be passed on to staff taking over when their shift began. Plans of care contained details of care they had received from other professionals such as district nurses, GP's and dieticians.

Arrangements were in place for the registered manager or a senior member of staff to visit and assess people's personal and health care needs before they were admitted to the home. The person and/or their representatives were involved in the pre-admission assessment and provided information about the person's abilities and preferences. Information was also obtained from other health and social care professionals such as the person's social worker. Social services or the health authority also provided their own assessments to ensure the person was suitably placed. This process helped to ensure that people's

individual needs could be met at the home.

The registered manager held regular meetings with people to obtain their views. We saw that menus had been changed following a meeting and people were asked if food had improved to ensure the change was for the better.

Is the service well-led?

Our findings

The service did not have a registered manager. The current manager had applied to the Care Quality Commission to become registered and was awaiting an interview. A service cannot be rated as good in this domain if there is no manager registered with the CQC. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who used the service told us, "I know the manager. Oh yeah, he's approachable. He'll sit down and talk any time. He walks round every morning" and "Yes I talk to him and he listens." Visitors said, "I have met the manager a few times, he always comes and says hello", "We have met him and we are happy at the moment. We want Dad to come and live here with Mum but we were told there is a voluntary block on admissions. We are happy for Dad to come and live here" and "The manager is very easy to talk to."

Staff told us, "Things have improved over the last few months", "The new manager is very approachable. He is very supportive. I can approach him with any concerns. We have relaxed since he came. He is making things better. There is a good staff team. The residents seem to be happier" and "Since the new manager came we have had more meetings and supervisions than before. He is very approachable and I have the confidence he would respond to any concerns I may have. I feel I could whistle blow to him. There is a good staff team. We all support each other." People we spoke with, family members/visitors and staff all had confidence in the manager and thought he was approachable.

At the inspection of September and October 2015 there was a breach of the Regulations for the lack of audits to ensure the quality of service provision. We saw that audits were completed regularly and included, the environment (general and individual risk), infection control, falls, medicines administration, plans of care and health and safety. We saw that the manager looked at the results of the audits and had, if necessary, contacted other professionals to improve care.

We looked at policies and procedures which included infection control, medication, health and safety, complaints and safeguarding. The policies we inspected had been reviewed to ensure they were up to date and provided staff with the correct information. Staff were also issued with a handbook which they could use to remind themselves of key policies and procedures, whistle blowing, areas of good practice, health and safety and equal opportunities.

A lot of staff had worked at the home for some time which meant they knew the people who used the service well.

We saw that the manager liaised well with other organisations and professions. This included Social Services, external professionals involved in the Deprivation of Liberty Safeguards, district nurses, psychologists and GP's. We saw there was a facility for visiting professionals to record their findings. Comments included, "A pleasant visit today. Had to wait a little while today but helpful friendly staff came

with me", "The home has potential", "Staff organised the visits in residents room for assessment", "Staff are willing to engage and take on board recommendations" and "Staff are warm and friendly to residents and myself."

People told us they had completed a survey as did visitors. The new manager had not had time to collate the findings and produce a summary of the results and told us he was going to send out more when more pressing tasks had been completed. However we did see some cards and notes family members had sent to the home. Comments included, "Just wanted to say a big thank you for the loving way in which you cared for my mum", "A big thank you for all the love and care you gave my Auntie", "Thank you so much for taking such good care of [name of service user] in his last months" and "Thank you for the care and devotion you gave our mum over the last six months. You made a difficult time in our life a lot easier and for that we thank you."

Staff told us they attended a staff handover meeting each day to be kept up to date with any changes. This provided them with information about any current changes to people's care or support needs.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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	Regulation 11 HSCA RA Regulations 2014 Need for consent Some people who used the service had not given their formal agreement to consent to care and treatment
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing There was not sufficient evidence to demonstrate there was a well trained staff team.