

Little Heaton Care Limited

Little Heaton Care Home

Inspection report

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Manchester
Lancashire
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27 July 2017

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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?

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.

We last inspected this service in August 2016. The service met all the regulations we inspected. At this unannounced inspection of 26 and 27 August 2017 we found two breaches in the regulations; Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Not all records were up to date and Regulation: 19 Fit and proper person's employed. Not all staff had written references or an application form. You can see what action we have told the provider to take at the back of the full version of the report.

We conducted this inspection earlier than planned because some concerns were raised about the environment and lack of management support. Whilst there was a problem with two rooms (with action taken to fix it) the environment was satisfactorily maintained. The interim manager raised the hours she worked at the home to help support staff.

The service did not have 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. A registered manager from another service within the group was spending two days a week at the service. Following the inspection the manager said they would increase their hours to 30 per week. We were also told the newly appointed area manager would spend some time at the home.

We looked at five staff files. Three files contained all the documents that showed these staff had been recruited robustly. However, one file contained no written references and another did not have any references or an application form. This meant two people may have been employed without proper checks to ensure people were safe to work with vulnerable adults.

Some of the records we looked at, for example three of five care plans were up to date. However, one had not been reviewed regularly and one since June 2016. We recommended that the provider look at best practice with regard to the regular review of all care plans and update the plans accordingly. Some risk assessments such as for pressure sore prevention had also not been regularly reviewed.

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

Whilst the administration of medicines was safe some record keeping could be improved.

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. This helped to protect the health and welfare of staff and people who used the service.

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.

People were given choices in the food they ate and were encouraged to eat and drink to ensure they were hydrated and well fed.

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

New staff received an induction, training was provided and staff had an opportunity to discuss their careers and training needs during supervision.

We observed there were good interactions between staff and people who used the service.

People were given information on how to complain with the details of other organisations if they wished to go outside of the service.

Meetings with staff gave them the opportunity to be involved in the running of the home and discuss their training needs.

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

There were suitable activities to provide people with stimulation if they wished to join in.

The service asked people who used the service, family members and professionals for their views and responded to them to help improve the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Staff were not always recruited robustly to ensure they were safe to work with vulnerable adults.

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

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

Requires Improvement ●

Is the service effective?

The service was effective.

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

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

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

Good ●

Is the service caring?

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 people could see their visitors in private if they wished.

Good ●

We observed there were good interactions between staff and people who used the service.

Is the service responsive?

The service was not always responsive.

Some care records were not regularly reviewed.

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

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

The service did not have a registered manager. There had been a regular change of managers. The new manager was putting systems in place to improve the quality of records and care.

We looked at a variety of records. Whilst some records were completed and up to date other records showed they had not been reviewed for some time. Some staff did not feel they had been supported for some time but said the new manager appeared to be supporting them.

There were sufficient audits being implemented or being conducted to improve the quality of paperwork and other relevant documents.

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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an unannounced inspection and was conducted by two adult social care inspectors on the 26 July 2017 and one inspector on the 27 July 2017.

We did not ask for a Provider Information Return (PIR) because the service would not have sufficient time to complete it. 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.

Before our inspection visit we reviewed the information we held about the service. This included notifications the provider had made to us. Notifications tell us about any incidents or events that affect people who use the service. We contacted Rochdale Borough Council and Healthwatch Rochdale for any information they may hold about the service.

We spoke with four people who used the service, two relatives/visitors, the manager, the cook, two care staff members and the area manager.

During our inspection we observed the support provided by staff in communal areas of the home. We looked at the care records for five people who used the service and medication administration records for eight. 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

We looked at five staff files to see if recruitment was safe. Three files contained all the documents that showed staff had been recruited robustly. Each file contained two written references, an application form with any gaps in employment explored, proof of the staff members address and identity and a Disclosure and Barring Service check (DBS). This informs the service if a prospective staff member has a criminal record or has been judged as unfit to work with vulnerable adults. However, one file did not have any references or an application form and another did not have any references. The staff member who had no written references or application form said she had completed her application form and believed references had been sent for which may mean the necessary documents may not have been filed correctly. This meant people may have been employed without proper checks to ensure people were safe to work with vulnerable adults.

This was a breach of Regulation 19 (1), (2) and (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Fit and proper person's employed.

A relative and people who used the service said they felt safe. From looking at staff files and the training matrix we saw that staff had been trained in safeguarding topics. The safeguarding policy informed staff of details such as what constituted abuse and reporting guidelines. The service had a copy of the local social services safeguarding policies and procedures to follow a local initiative. This meant staff had access to the local safeguarding team for advice and to report any incidents. This policy was accessible. There was a whistle blowing policy and a copy of the 'No Secrets' document available for staff to follow good practice. A whistle blowing policy allows staff to report genuine concerns with no recriminations.

A person who used the service said, "Staff respond (on the whole) quickly when I buzz for assistance although there have been many times when they have been short staffed. I need pressure relief every three hours and this gets done." Two relatives said, "The girls are run ragged" and "There seems to be just a basic minimum of staff". Staff also told us they thought there should be more staff. On day one of the inspection there were three care staff, the manager, a cook, an activities coordinator who worked three days a week, a maintenance person and domestic. The new manager said she would look at the staffing levels including more hours for the activities coordinator. We have been told staffing has since been increased and we noted that people did not have to wait long for staff to answer their call bells.

We saw that the electrical and gas installation and equipment had been serviced. There were other certificates available to show that all necessary work had been undertaken, for example, gas safety, portable appliance testing (PAT), hoists, the nurse call and fire alarm system. The maintenance person also checked windows had restricted openings to prevent falls and the hot water outlets were checked to ensure they were within safe temperature limits. Radiators had a control valve to minimise the risks of burns. There were also systems to prevent Legionella such as shower head cleaning and treatment by a specialised company.

The fire alarm system had been serviced. Fire drills and tests were held regularly to ensure the equipment was in good working order and staff knew the fire procedures. Each person had a personal emergency

evacuation plan (PEEP) which showed any special needs a person may have in the event of a fire. The PEEPs were kept in the care plans and near the entrance so staff could get hold of them in an emergency to present to the fire brigade. There was a fire risk assessment and business continuity plan for unforeseen emergencies such as a power failure.

Risk assessments had been undertaken for nutrition, tissue viability, falls and moving and handling. Some risk assessments had been reviewed regularly and some had not. This meant staff may not be aware of everybody's changing needs and may leave people at risk.

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

There were policies and procedures for the control and prevention of infection. The training matrix showed us most staff had undertaken training in the control and prevention of infection. Staff we spoke with confirmed they had undertaken infection control training. The service used the Department of Health's guidelines for the control of infection in care homes to follow safe practice. The manager conducted audits which included mattresses, hand washing supplies, the cleanliness of the home and ensuring staff used the correct colour coded equipment for cleaning. The new manager was completing the audit monthly.

On the tour of the building most of the home was clean and tidy. We did see one bathroom was cluttered with equipment and cleaning products (shampoo) but this had been cleaned and cleared out on the second day of the inspection. The new manager was introducing a more comprehensive infection control audit.

There was a laundry sited away from any food preparation areas. There was one industrial type washer, one dryer and other equipment such as an iron to keep people's clothes presentable. We saw there were hand washing facilities for staff to follow good hand washing practice. Staff had access to personal protective equipment (PPE) such as gloves and aprons and we saw that staff used the equipment when delivering personal care. However, staff did not always wear protective clothing whilst in the dining room and it is good practice to do so.

We looked at the policies and procedures for the administration of medicines. The policies and procedures informed staff of all aspects of medicines administration including ordering, storage and disposal. All staff who supported people to take their medicines had been trained to do so and had their competency checked to ensure they continued to administer medicines safely.

If a medicines error was found it was reported to safeguarding, the member of staff had a supervision session with the manager and received more training if this was beneficial. We spoke with a member of staff who told us they had received further training and support following an error.

Medicines were stored safely in medicines trolleys secured to the wall in a locked room. We looked at eight medicines administration records (MARs) and found they had been completed accurately. We observed a medicines round which was undertaken as per the policy and people were asked if they wanted pain relief.

There was a controlled drug cupboard and register. Controlled drugs are stronger and require more stringent administration. We saw that two staff had signed the controlled drugs register. One member of staff signed when they administered the medicine and the second was a witness to it. The MAR sheet was also signed. This was in line with current guidance. We checked the medicines in the cupboard against the number recorded in the register and found they were accurate.

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

Any medicines that had a used by date had been signed and dated by the carer who had first used it to ensure staff were aware if it was going out of date.

There was a signature list of all staff who gave medicines for management to help audit any errors. The service had a copy of the NICE guidelines for administering medicines. This is considered to be best practice guidance for the administration of medicines.

The temperature of the rooms and fridge medicines were stored in had not been recorded every day but we saw that when they were it was within the limits suggested by manufacturers.

Is the service effective?

Our findings

People who used the service said, "The food is sometimes better than others. Visitors get a drink though" and "They know what I can have and can't". A visitor said, "She is content. They make a real effort to make her drink. The food is basic."

We checked to see if people were provided with a choice of suitable and nutritious food and drink to ensure their health care needs were met. A dietary information sheet was sent to the kitchen for each person who used the service. This informed the cook if people were on any special diet, likes and dislikes, their appetite and any aids required. We saw one person used specialised equipment. This was a plate guard to help the person keep food on the plate to help retain their independence. We could see that a speech and language therapist (SALT) had advised the service for any special needs of a person. We also saw a fact sheet from a dietician for another person who required specialist advice.

We saw that people who required fork mashable diets did so to help prevent them from choking. The service used a tool for deciding if a person required specialist help. Staff used a tick box system following observations for which service to access. It also gave advice around fortifying foods, finger foods, good recording of intake and a dementia mealtime assessment.

There was a four weekly menu cycle which the cook said was adjusted according to what was seasonal or people's preferences changed. Breakfast consisted of the usual breakfast foods including a cooked option. Lunch was the main meal of the day and there were two options. On one day of the inspection it was beef stew and dumplings or haddock, chips and peas. There was also a dessert. People could have a choice of their favourite drink, juice or water with their meals and drinks were also served in between and at request. The evening meal was a lighter option with a cooked meal or something lighter such as sandwiches. People were also offered a supper later in the evening.

Tables were set with napkins, place mats, cutlery and condiments for people to flavour their food if they wished. We saw that the specialised equipment was available for those people who required it. We observed a meal. People were assisted independently.

We toured the building during the inspection and visited all communal areas, several bedrooms and the bathrooms. The home was in general clean, tidy and fresh smelling and the décor and furnishing were homely. Bedrooms we visited had been personalised to people's tastes. We saw people had family photographs, personal furniture, televisions and ornaments to help make their room feel more homely.

There were concerns raised about the environment. One room had been reported as being out of action because there was an offensive odour which attracted flies caused by a broken pipe under the floorboards. The service had called in a specialist contractor prior to the inspection, which had fixed the problem. The room was not to be occupied until the room had dried out and the person was staying in a spare bedroom. Another room had suffered a leak from the ceiling. When we visited the person was staying in an adapted small lounge (with their consent), which had been converted into a bedroom. A workman was getting the

room ready to be used during the inspection.

People had a choice of a shower or bath. There were hoists to help people with mobility problems bathe safely.

We saw from looking at the plans of care that people had access to specialists and professionals. Each person had their own GP. This meant people's health care needs were being assessed and treated.

The plans of care we examined showed people had consented to their care and treatment when they were able to do so. On one plan of care we saw that the person could not consent to their care and treatment and a best interest meeting was held and an application was made to the relevant authorities to ensure the home was the right place for them to be.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

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

Each person had a mental capacity assessment on or prior to admission and an application for a DoLS made if required. We saw that one person had an Independent Mental Capacity Advisor (IMCA) to act to protect their rights and ensured the placement was right for the person. We saw that five people had a DoLS in place and four applications were awaiting local authority decisions.

New staff received an induction when they commenced employment. This consisted of four days of learning. The induction included the rules for working at the home, were given a copy of the staff handbook, had to read key policies and procedures and received training in aspects of care such as moving and handling. Staff were shadowed until they felt confident to work upon their own and management were satisfied they were competent. New staff were then enrolled on the care certificate which is considered best practice for staff new to the care industry.

We saw from looking at the training matrix, staff files and talking to staff that training was ongoing. Training included the MCA, DoLS, first aid, fire safety, food safety, nutrition, medicines administration, moving and handling, infection control, health and safety, safeguarding and care of people who had a dementia. Staff were encouraged to complete further training such as a diploma or NVQ in health and social care. Some staff thought the training was not very good and had to complete the mandatory training in one day. Other staff thought it was sufficient for them to perform their roles.

Some staff had received regular supervision but because there had been a break in managers there had been a gap of two months. However the new manager was aware of the need for staff supervision and to give them an opportunity to discuss their needs.

Is the service caring?

Our findings

People who used the service said, "The staff are very caring. We can have a bit of banter" and "The staff chat to me when they are dressing me. They check me regularly at night. I'm really happy here".

Relatives told us, "Our relative likes the staff. They are not carers, they're friends. We can't fault the staff. Staff know her needs" and "I feel comfortable my relative is looked after. There is a core of care staff who know her needs."

We saw that visitors could come and go when they liked although there was a reminder on the door for visitors to let staff know they were leaving to allow them to ensure the door was locked.

We observed staff during the inspection and how they interacted with people who used the service. Staff were professional, friendly and polite. We did not see any breaches of privacy or witness anyone being treated in an undignified manner. We saw there was a good rapport between staff and people who used the service.

Staff were trained in confidentiality and data protection issues and had access to policies and procedures to help inform them of confidentiality issues. We saw that care records were stored safely and only available to staff who needed to access them. This ensured that people's personal information was stored confidentially.

Plans of care were personalised to each person and recorded their likes and dislikes, choices, preferred routines, activities and hobbies. This included a record of a person's past work and life history. We saw staff respected people's personal choices, for example one person did not want to join in activities but would play dominoes which was arranged occasionally. The personal details recorded in the plans of care enabled people to be treated as individuals.

We were told that nobody at the present time had any spiritual or religious needs or were from an ethnic minority background. A church group used to visit the service but had recently stopped because of a lack of interest. The manager said she would contact the local clergy should any person wish to practice their faith.

There was a section in the plans of care for a person's end of life wishes to be recorded. However from the three plans we looked at people had declined to give their views. We asked the manager to talk to people to ensure it was not the staff who did not want to record their wishes.

Is the service responsive?

Our findings

There was a suitable complaints procedure accessible to people who used the service and their relatives. The complaints procedure told people how to complain, who to complain to and the timescales the service would respond to any concerns. This procedure included the contact details of the Care Quality Commission. The service also made available Rochdale Borough Councils complaints procedure. With having several managers in the last few months it was difficult to ascertain how well complaints were answered. The new manager was experienced from running another service and was aware of investigating and answering complaints. There was a system for recording and investigating concerns. We saw that the manager had recorded and taken action in line with their policy for any concerns raised. During the inspection the manager had attended a meeting with the local authority regarding a complaint and was liaising with them to investigate and find a resolution. The service was taking appropriate action to deal with the concern.

On the two days of the inspection an activities coordinator was providing activities for people who wanted to attend them. A family member told us their relative enjoyed the activities. For the people who did not want to attend activities the coordinator tried to arrange 1 – 1 sessions. This was recorded and helped build a past history of each person. There was a record of who attended activities and how well it had gone. There was also a record of the years external entertainers and birthdays, which were celebrated. An external entertainer had been in the home the day before the inspection.

Activities included quizzes, reminiscence, arts and crafts, crosswords, name that tune, pamper sessions, dominoes, celebrating special days, for example, Valentine's day or Easter with events around them such as arts and crafts and going out occasionally to places such as Blackpool or for a meal. The activities coordinator said many of the games they played were aimed to evoke memories to help stimulate people. Whilst activities were ongoing this person only worked three days a week. This meant that on other days if staff were busy they may not be able to provide activities. The manager said she would look to increasing the coordinators hours to cover more days and nobody we spoke to complained of a lack of activities.

All the people we spoke with thought they were well looked after. The plans of care showed what level of support people needed and how staff should support them. Each heading, for example personal care, tissue viability, mental health, diet and nutrition, mobility or communication showed what need a person had and how staff needed to support them to reach the desired outcome. Some care plans were reviewed monthly, some less regularly and one for not some time. The new manager said they were going to update all plans of care with staff and this would be completed over the next couple of months. We recommended that the provider look at best practice with regard to the regular review of all care plans and update the plans accordingly.

There was a daily record which showed how people had been, what they had done, for example attended an appointment. This helped keep staff up to date with people's needs. Staff also had a handover at the beginning of each shift to pass on any information about the care and treatment of people who used the service.

We saw that the new manager had arranged for a meeting with people who used the service to gain their views on how they thought the service was performing and to introduce herself. At the last meeting of January 2017 items discussed included the menus, staffing ratios, the then new manager, care and bank staff, more community activities, arts and crafts. People and their families who attended could have their say in what they wanted. However because of the changes to the managers it is unclear if people's ideas were followed up.

There were some compliments cards which included, "Thank you very much for all your kindness you have shown me during this difficult time" and "We really do appreciate the time and care you gave to our relative. Thanks again." When we contacted Healthwatch Rochdale they informed us about a compliment they had received about the service. The local authority held the same concerns we had.

Is the service well-led?

Our findings

The service did not have 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 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 were told the previous manager had left in May 2017. The person who was registered has since cancelled their registration with the CQC. The current manager told us they were registered at another home and was providing support two days a week at Little Heaton. However, because some of the records were not being updated and staff felt they needed more support this person told us they would spend 30 hours a week at the service and commence regular audits to address the breaches in the regulations. The newly appointed area manager also said they would be spending some time at Little Heaton to help improve the service.

Prior to this inspection the service had interview prospective managers but had not found any suitable candidates. The plan was for a person to manage the home and register with the CQC.

We looked at five care plans and found that three plans were regularly reviewed, one plan had been reviewed in June 2017 but one plan did not appear to have been reviewed since June 2016. This meant the person's health and care needs may not be updated and reflect the care the person needed. There were also gaps in the recording of room and fridge temperatures where medicines were stored. Whilst the temperatures that were recorded were within safe limits it may be medicines were not stored safely at all times. There were also minor errors in the recording of medicines.

The keeping of up to date records is necessary and these lapses constitute a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Providers must securely maintain accurate, complete and detailed records in respect of each person using the service and records relating to the employment of staff and the overall management of the regulated activity.

This service has now had three managers in the last year. Staff had raised the issue of a lack of support and continuity. Staff had mixed views of how the new manager will support them because her main role is at another service. This was addressed at the inspection and on day two of the inspection one staff member who was concerned at management support told they felt much more positive about the future. One person who used the service told us they liked the new manager and one relative said the last manager was fantastic but now there is uncertainty.

A meeting had been arranged for staff to air their views about the service for August 2017 which would give staff the opportunity to air their views. At a previous meeting of January 2017 items on the agenda included maintaining accurate medicines records, training, policies and procedures, care planning, using the communication book, dignity and privacy and the key worker list. Staff were asked for their views and a positive thought about their job.

During our inspection our checks confirmed the provider was meeting our requirements to display their

most recent CQC rating.

The manager was either conducting audits or showed us the forms which were going to be used. This included care plan audits which would highlight any shortfalls in reviewing the plans. The manager was conducting infection and prevention control audits. There were also audits for medicines, the preparation, storage and serving of food, cleanliness and the environment for health and safety issues.

We looked at some key policies and procedures. They included confidentiality, COSHH, DoLS, health and safety, infection control, mental capacity act, safeguarding and whistle blowing. Staff also were issued with a handbook when they commenced work. This informed them of the rules and regulations for working at the service, appraisals, data protection and confidentiality, health and safety responsibilities, equal opportunities, use of emails, whistle blowing and the grievance procedures. This gave staff information and good practice information for working at the service.

The service sent out satisfaction surveys which are analysed in November each year. At the last survey people were satisfied with their care and treatment, felt they could raise a concern and be listened to, thought staff were supportive and helped meet their needs and liked living at the home. Less positive comments were around community activities and involvement. The manager at the time completed a summary of what they needed to do or why it may not be possible. One person commented, "It's a happy home." However this manager no longer worked at the service so we could not ask what had been achieved. The new manager was aware of the need to gain people's views of the service, had arranged a meeting and was aware of the need to send out a quality assurance questionnaire.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Not all records relating to the care and welfare of people who used the service were up to date.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Some staff had been employed without the necessary checks to ensure they were safe to work with vulnerable adults.