Leicestershire County Care Limited

Huntingdon Court

Inspection report

Regent Street
Loughborough
Leicestershire
LE11 5BA

Tel: 01509217474

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We inspected the service on 9 May 2016. Our inspection was unannounced. We returned on 10 May 2016 and this was announced.

Huntingdon Court is a residential Home for older people, at the time of the inspection 40 people were using the service.

It is a requirement that the service has 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. The service had a registered manager in place at the time of our inspection.

People told us they felt safe. Staff were able to explain how they kept people safe from abuse, and knew what external assistance there was to follow up and report suspected abuse. Staff were trained and understood how to look after people and protect them from harm and abuse. Staff were aware of whistleblowing.

Staff were recruited following the provider's recruitment procedures that ensured staff were suitable to work at the home. We observed there to be sufficient staff available to meet people's basic personal care needs and were deployed effectively.

Medicines were ordered, stored and administered safely and staff were trained to provide the medicines people required.

Staff received an induction and on-going training that supported them in their job role. Staff had access to people's care records and were understood how to meet people's needs and what was important to them.

People had been asked for their consent to care and treatment and their wishes and decisions respected. The provider adhered to the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards 2008.

People's dietary needs were met. People were provided with a choice of meals. The catering staff were provided with up to date information about people's dietary needs. People had access to regular snacks and drinks throughout the day.

People had access to appropriate medical advice and support from health care professionals. Care plans were up to date and included the changes to peoples care and treatment.

People felt staff were kind and caring, and their privacy and dignity was respected in the delivery of care and

their choice of lifestyle. People had access to a variety od activities during the week.

People knew how to make a complaint and were given information about the service. Feedback about the quality of the service offered had been sought. Although people were involved in developing and reviewing their care plans this was not always recorded.

There was a registered manager in place who understood the requirements of their role. They had worked with the provider and staff team to regularly assess the quality of 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?

Good

The service was safe.

People felt safe and the provider had systems in place to protect people from abuse and avoidable harm.

There were sufficient staff to keep people safe. All necessary pre-employment checks were carried out on staff joining the service.

People received the medicines that they required in a safe way.

Is the service effective?

Good

The service was effective

People received care and support from a staff team who had received regular training and guidance. People were supported to access healthcare services.

People said that the food choices were good and they had sufficient to eat and drink. The menu provided a balanced diet and was based on people's needs and preferences.

The provider worked within the requirements of the Mental Capacity Act 2005 and the and the Deprivation of Liberty Safeguards.

Is the service caring?

Good

The service was caring.

Staff were caring and protected people's privacy and dignity.

Staff knew about people's preferences and how to support them to stay as independent as possible.

People were involved as fully as possible in how they wished to be cared for.

Is the service responsive?

Good

The service was responsive

People received care that was centred on their individual needs.

People had access to a range of activities including activities that supported them to maintain their interests and hobbies.

People and relatives knew how to raise concerns about the service. We saw that the provider had acted upon concerns by reviewing and improving procedures.

Is the service well-led?

Good

The service was well-led.

People using the service, their relatives and staff were involved in developing the service.

The registered manager was aware of their responsibilities.

The provider had effective arrangements for monitoring the quality of the service.

Huntingdon Court

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 inspection took place on 9 May 2016 and was unannounced. We returned announced on 10 May 2016.

The inspection team consisted of two inspectors.

Before the inspection, we asked the provider to complete 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 improvements they plan to make. We reviewed the information we held about the service. This included notifications. Notifications tell us about important events which the service is required to tell us by law. We also contacted the commissioners of the service to obtain their views about the care provided. The commissioners had funding responsibility for some of the people using the service.

At the time of our inspection there were 40 people using the service. We were able to speak with five people living at Huntingdon Court, four visitors, five care staff and two members of the ancillary staff team, the registered manager and the Compliance and Care Standards Officer.

We observed care and support being provided in the communal areas of the service. This was so that we could understand people's experiences. By observing the care received, we could determine whether or not people 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, two of which were looked at in detail. We also looked at associated documents including risk assessments. We looked at three staff files including their recruitment and training records and the quality assurance audits that the management team completed.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe. One person told us, "There is always someone when you want them." Another person commented, "It's very pleasant here." Relatives told us their family members were safe at Huntingdon Court. One relative told us, "We are very happy with the home." Another relative said, "We have absolutely no concerns."

Care staff we spoke with showed a good understanding of their responsibilities to keep people safe in line with the provider's policy and procedure. They were able to describe what action they would take if they were concerned about the way a person was being treated. One member of staff told us, "I would speak to the manager, she is very good, you can approach her." Another staff member told us, "I had concerns and I spoke with the manager, she dealt with it straight away."

Care staff knew how they could report safeguarding concerns to the registered manger, the local authority safeguarding team, police or the Care Quality Commission. We found that people using the service and their relatives could be confident that staff cared about people's safety and protected them from harm.

Records showed that people were regularly asked if they understood what abuse was and what it meant to be safe. We saw that where people either did not know or were unsure the registered manager explained to them what being safe meant. This showed that the provider made arrangements to ensure that people were protected from bullying, harassment, avoidable harm and abuse that may breach their human rights.

Risks were assessed and management plans were put in place where risks were identified. We saw that risk plans had been completed for things such as falls, moving and handling and skin care. For example, a person who had been assessed at high risk of falls had a sensor mat by their bed to alert staff when they were mobile. The registered manager had identified that a person had fallen as a result of their footwear. As a result of this observation they had introduced a risk assessment for everyone to ensure their footwear had been checked to make sure it was appropriate. The care that was given was appropriate in order to reduce this risk and monitoring systems were in place to regularly review the people's needs.

Staff maintained records of all accidents and incidents. We saw these were audited by the registered manager on a regular basis. We looked at the audit for January to April 2016. This showed that all incidents had been reviewed and action had been taken to reduce further risks. For example, the registered manager had noted that people were more likely to be admitted to hospital at weekends. As a result they spoke with their local surgery and arranged for the GP to hold a surgery at the service on Friday mornings. People were able to book appointments to see the doctor and admissions to hospital have been reduced, keeping people safe. This showed the provider had reviewed and analysed accidents and incidents to see if any changes or action should be taken to prevent future occurrences.

Personal fire evacuation plans had been completed and staff knew how to support people in the event of an emergency. Fire safety procedures and checks were also in place. This included safety checks on equipment and the premises.

We had received information of concern that there were insufficient staff deployed to meet people's needs. People we spoke with told us that there were enough staff to help them. One person said, "We get well looked after." Another person added, "If we need to see them, we ring the bell and someone comes to see us as soon as they can." A relative told us, "There is enough staff." another relative said, "There is always someone about." One staff member confirmed, "There are enough staff. We have six staff on, three upstairs and three downstairs. That is usually enough. We have time to do activities with people, like today I have been doing activities." We observed throughout the day and saw that people did not have to wait long before a staff member came to assist them.

Staff told us that they felt people's needs were met and that people were safe. They were aware that they needed to monitor people at all times due to people's dependency needs. We saw staff in the lounge area at all times. The registered manager told us that they had insisted that enough staff were deployed to ensure there was always someone available in the lounge to support people when they needed help. This meant the provider had sufficient staff deployed to meet people's identified needs.

The registered manager told us that they had recently recruited more staff as they were aware that staffing levels had reduced. Records confirmed that more staff had been recruited following the providers recruitment procedures. These included Disclosure and Barring Service (DBS) checks. These checks help to keep those people who are known to pose a risk to people using CQC registered services out of the workforce. Details of the recruitment checks carried out were stored in staff files. This showed that the provider obtained the information they needed to make appropriate recruitment decisions.

People told us that they received their medicines safely. A person told us, "They bring it, you don't need to worry." We saw the senior staff member on duty administer the medicines, they were kind and patient allowing people time to take their medicines. Safe arrangements were in place to obtain, administer and record people's medicines. All medicines were stored securely including the required storage arrangements for controlled drugs.

A system of daily medicine checks was in place. We found that it was possible to check that people had been given their medicines as prescribed. The registered manager told us that following audits of medicines they had become aware that staff were forgetting to sign to say they had given the medicine or put cream on a person. As a result they had introduced new monitoring forms and errors had been virtually eradicated since their introduction.

A relative commented on how clean the service was. They told us, "We are absolutely delighted with the cleanliness." We spoke with a senior domestic who showed us the cleaning schedules in place and the supply and safe storage of cleaning products. The senior domestic was knowledgeable about the action required to maintain a clean and hygienic environment and had completed a course on housekeeping ensuring they had a good understanding of their role and responsibility. This included the risks associated with cross contamination and infection. We found the environment was free from hazards and noted both communal rooms and individual rooms we saw were clean and hygienic. Staff had access to personal protective equipment such as gloves and aprons. This ensured any risk of cross contamination was reduced.

Good

Is the service effective?

Our findings

People we spoke with told us that they thought staff were sufficiently skilled to meet their needs. One person told us, "We get well looked after." Another person commented, "People are very helpful." A relative commented said, "We are very impressed. This home came highly recommended."

Staff told us that they had received an induction when they commenced work at the service and this included training and shadowing of more experienced staff. A staff member told us, "I shadowed for two weeks, I learnt a lot". We saw an example of a completed induction plan that confirmed what we were told.

The registered manager told us that they were in the process of changing the induction as they did not feel it gave new starters all the information they needed. The Compliance and Care Standards Officer for the service confirmed that they were planning to adopt the changes suggested by the registered manager in other services within Leicestershire County Care Limited as they improved on the existing induction.

We saw that staff undertook training in the areas such as health and safety and food hygiene. Staff told us that the training programme was varied to meet people's needs. Records showed that the registered manager regularly checked staff members' competence in, for example, moving and handling people and medicine administration. We saw that staff were champions for different aspects of care within the service. For example, one staff member was a lead for dignity and raised issues in team meetings, reminding staff of their responsibilities. This showed that the provider had systems in place to ensure that staff had the right skills and knowledge to offer effective support.

A visiting healthcare professional told us that staff received training and support to carry out delegated tasks such as administration of insulin. We were told, "Staff are trained, we review it yearly. We observe them, then sign them off as competent. We have no concerns."

People's care and support was being monitored by the registered manager. Staff met individually with the registered manager or a senior carer to discuss their performance. One staff told us, "Supervision is monthly. It is helpful if there are areas you need more training you can talk to the seniors about it." Records confirmed that these had all taken place. This showed that the provider had systems in place to ensure that staff were receiving support to enable them to carry out their work effectively.

The Mental Capacity Act 2005 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 hospital are called the Deprivation of Liberty Safeguards (DoLS). We saw that the registered manager had made the

appropriate applications to the 'supervisory body' (the local authority) where they were seeking to deprive someone of their liberty.

Staff understood when a DoLS application might be needed. Records showed that the registered manager had applied to the correct authorities and Staff told us that the majority of people could make decisions for themselves. Where people needed support to make decisions staff told us how they obtained consent. One staff member said, "We always ask people what they want, if they want help. Like if they want help with personal care. We don't just do it. That wouldn't be right." We saw that a mental capacity assessment was available for staff to complete should they need to assess a person's ability to make a specific decision. This meant that people's ability to make decisions was being monitored.

People were being supported by staff who knew about their responsibilities under the MCA. Staff had received information during their induction about the MCA and some staff had received training. We were also aware that new staff had yet to receive training but this was planned for the near future. One staff member told us about their understanding and said, "People need to be assessed about their capacity to make decisions, about things they want or don't want to happen."

Staff understood what constituted restraint. One staff member told us, "If you stick a person in a chair with the recliner up you are restricting their freedom. However if you have a sensor mat in their bedroom for their safety it could be in their best interests and not restraint." Records showed that the registered manager carried out routine checks on staff's understanding of restraint and MCA. This meant that people could be assured that their human rights would be respected.

People told us they received sufficient to eat and drink and that the menu provided choices. One person said, "The food is very good really, usually a couple of choices. If you didn't like it they give you something else." Another person said, "I like the food."

We observed people receive their midday meal. The food was nicely presented, was of good portion size and looked appetising. People had the opportunity to choose how much they had in regard to vegetables and gravy as staff asked each person what they wanted. They were also asked if they wanted more food once they had finished their meal. We saw people were offered drinks and snacks during the day and when people asked for a drink staff provided this without hesitation. People's food and fluid intake was assessed and plans of care advised staff of people's needs to keep them well. Where people required support with eating or drinking independently we saw staff assist in a kind and patient manner.

The cook was aware of people's nutritional needs and preferences, including if people had health conditions that were affected by their diet and known allergies. The menu offered people a choice of what to eat. Food stocks were plentiful and where people required a high calorie diet appropriate food such as full fat milk, cream and cheese was available. The cook told us, "We have residents' meetings where they say what they like. If they don't like a hot choice they can have a salad or soup or something." We saw up to date information regarding who was on special diets. For example soft diets, liquidised, diabetic or vegetarian. This meant that the cook had the information they needed to ensure people's nutritional needs were met.

People told us that they were supported to access healthcare services when required. One person told us, "If I wasn't well they would call a doctor I'm quite sure. There are doctors that come here as well. They get me my hearing aid batteries if they run out." Another person said, "A doctor comes every week." A relative told us, "If mum was unwell they would let me know. They would get in contact with the GP etc. if required." Another relative told us, "Last August [person using the service] had a fall, the staff took good care to help them walk again."

Good

Is the service caring?

Our findings

People were receiving care and support by staff who cared. One person told us, "It's very pleasant here, people are very helpful." Another person said, "It's good here." Relatives told us they thought the staff were caring. One relative said. "I can't say enough. It's the little touches, cards and presents at Christmas. It is especially good for people who have no family." One relative told us, The staff are kind, quite a few are hard to understand, for me it is a language barrier." We raised this with the registered manager who told us that they were aware that this had been an issue and as a result had supported staff whose first language was not English to attend further English lessons at a local college.

In the last 12 months, 17 people had provided positive feedback about the service to www.homecare.co.uk. Fifteen people rated the quality of care as `excellent' and fourteen people rated treated with dignity as 'excellent', the remaining people rated the service as 'good' in these areas. All respondents said they would recommend the service.

People told us that their dignity and privacy was being respected by the staff that offered them support. We observed care interventions by staff during our inspection. Staff were attentive, caring and respectful towards the people they supported. Staff used good communication skills when talking with people. For example, staff got down to eye level with people when communicating and used people's preferred names. People were spoken to in a caring and appropriate way, using humour and appropriate touch to enhance communication. People seemed relaxed and at ease chatting to staff. During the afternoon we did observe two staff telling a person to 'sit down' on two separate occasions. We brought this to the registered manager's attention. They told us they would ensure staff were reminded that people could move about the home freely and to provide appropriate support to a person where they chose to get up and walk around.

We found the meal time experience for people was unhurried, relaxed and calm. Where people required assistance and prompts with their meals staff were attentive to people's needs. People had aprons to protect their clothes from accidental spillage. Staff ensured people had the necessary equipment they needed to promote independence. For example where a person preferred to eat their meal using a spoon staff accommodated this. Staff sat by people when they were supporting them to eat and gave people their food at a pace that was appropriate to the person's needs.

The registered manager told us they had introduced a key worker system. This was to assist both people using the service and relatives who visited. For example the key worker had responsibility for ensuring that the person they were key worker for had all their toiletries and would liaise with the family if necessary.

The registered manager had also introduced a new memory box. A memory box helps people recall events from the past. These memories, thought to be lost, can stimulate the person and prompt conversation with relatives and care staff. The key worker sat with the person and developed the memory box, this showed all the important things in the person's life including any hobbies, their favourite foods and included photographs and drawings. Each box was signed by the person and attached to their bedroom door. Staff told us they used these boxes to start conversations with people. People who used the service told us they

had enjoyed creating the information with their keyworker.

Our observations of the care and support staff provided to people showed they were aware of people's needs, routines and preferences. Staff gave people choices with everyday decisions and included people in discussions about their care and treatment as fully as possible, although this was not always recorded. We saw staff chatting with people whilst offering drinks and asking their preference of tea or coffee and milk and sugar.

A staff member told us, "Staff work together as a team." Another staff member said, "We work hard to make this their home." Staff also gave us examples of how they protected people's privacy and dignity these included, knocking on doors, covering people when delivering personal care and ensuring people had blankets over their legs when they were being hoisted. Our observations of staff supporting people with their mobility needs showed that people's dignity was respected. Staff provided reassurance and explanation to the person they were supporting.

Relatives told us that there were no restrictions on when they visited and that staff were welcoming, friendly and approachable. People had a choice of where they could meet with their visitors that promoted independence confidentiality and privacy. This included people's rooms, communal lounges, dining rooms or the garden. Our observations showed that staff welcomed visitors by name and made them feel welcome.

Good

Is the service responsive?

Our findings

Before people moved to the service their needs were assessed to ensure the service could meet people's individual needs. People we spoke with confirmed that staff had spoken with them about their care needs. Records did not always identify who had been involved in providing information. The registered manager told us that they were aware that they did not have care plans signed by people but this was often because the person refused to sign. The registered manager told us they would investigate ways of better capturing this information to show that people were routinely involved in developing and reviewing their care plans.

People's care records contained details of people's likes, dislikes, preferences, history and preferred diet. Additionally, people's preference to male or female staff for personal care was recorded. This information provided staff with the information they needed to provide care and treatment that was personalised to meet people's individual needs. For example, it identified how a person liked to receive their personal care, ensuring they remained as independent as possible.

People's personal preference for how they would like to be given their medicines was clearly documented. We saw that each person had a medicine "This is how I like to take my medicines" with their medicine administration records which gave instructions on exactly how each medicine should be given. The information provided was person centred, specific and detailed. This ensured that their individual needs regarding medicines were being met.

Staff we spoke with showed an awareness and good understanding of people's routines and preferences including what was important to them. We observed a staff handover where people's needs were discussed. We noted how staff shared important information about people's needs with colleagues. For example, where a person had not been drinking, information was given about what action had been taken and what staff coming on duty should do. Each staff member had their own handover book and they all signed a handover sheet that recorded information about each person. Any important items were written in their personal books for future reference. This ensured that staff had the information they needed to provide care to people.

When we looked at information about people's wishes in relation to resuscitation we found that the information was kept in people medicine administration records and was available to staff when they needed it.

People's plans of care were reviewed and updated when changes occurred. For example, where a person had developed dementia, information about the illness was placed in their plan so staff could access and understand how if affected the person.

People gave us mixed views regarding the activities in the service. One person told us, "I can do word searches, quizzes and watch TV." Another person said, "I please myself. I like to read. I don't get bored." One relative commented, "A bit more stimulation would be good for them." Whilst another relative said, "They have different activities, they sing, have exercises. It's up to them if they join in or not. Sometimes they are

not bothered." A visiting health care professional told us, "I have seen posters up to invite people to seaside themed activities."

The registered manager told us that the activities organiser was on holiday the week of our inspection and that staff would carry out activities in their absence. Staff we spoke with confirmed that they did activities. Records showed that activities were varied and included group as well as one to one time. People were able to go out into Loughborough, some were able to go with support whilst others were able to go out independently. One person told us, "You can come and go as you please more or less. As long as you let them know where you are going so they don't worry."

Some people living at Huntingdon Court Care Home were living with dementia. The provider had considered people's needs in relation to the environment. For example, some people had their name on their room door and the memory box. Illustrations on room doors indicated their use such as bathroom, shower and toilet. This assisted people to orientate themselves around the service.

The provider had a complaints policy and procedure that was available for people and their relatives or representatives. Records showed the service had six complaints within the last 12 months. Each complaint was recorded and showed what action had been taken and by whom. These had all been investigated and concluded. This showed the provider had a system to record, investigate and respond to complaints. This enabled them to identify common themes and patterns and any action required to improve standards.

Good

Is the service well-led?

Our findings

People and their relatives told us that they felt the service was well-led. They told us they would recommended the service as a result of their experience. One relative told us, "My [person using the service] moved here recently, we visit any time, there is no smell, their quality of life is better. I have no worries at all." Another relative said, "We are happy with the home and how they are being looked after."

Staff felt supported and spoke positively about the registered manager. One staff member told us, "[The registered manager] is quite open minded. You can address things with them. Another staff member said, "I feel really supported. [The registered manager] is a good manager. We can approach them, before I used to feel so scared to ring the manager but now I can ring up for any support I require."

Records showed that staff meetings were held regularly and staff were able to raise concerns and have discussions about improvements within the service. Staff confirmed that staff meetings were held and these were useful to discuss issues in the service and make improvements as well as for the registered manager to pass on information.

The registered manager and staff members had a shared vision about the service's aims and objectives. The registered manager also had a personal vision that showed how they wanted to make improvements at the home as well as their own personal development. For example they set a target to achieve the NVQ Level 5 Diploma in Leadership for Health & Social Care and this had been achieved.

We were told about how people's independence was encouraged and how dignity and choice was central to everyone's work. This meant that the care staff were working together to enable people to receive good care and support.

Staff members knew the process to follow if they had needed to raise concerns about a colleagues' working practices. They understood the provider's whistleblowing procedure and their responsibility to pass on information of concern. Staff were aware of other organisations they could approach if they felt that the provider did not take the appropriate action. One staff member told us, "I had concerns about another carer. The registered manager dealt with it in a way I wanted them to." This meant that staff could respond appropriately if they had concerns about the practice of their colleagues.

People could be assured that care staff who provided their care and support were being checked to make sure that it was to a high standard. This was because the provider had systems in place for quality checking and competency checks to be carried out by the supervisors of staff. We saw records that confirmed these checks were routinely carried out and they were used as an opportunity to check staff's understanding of what dignity meant as well as correct moving and handling procedures.

The registered manager understood the responsibilities of their role. We saw that they had submitted notifications to the local authority and CQC for significant incidents. For example, where the registered manager was concerned about a person falling and subsequently fracturing a hip they informed CQC

without delay and investigated the circumstances.

The provider had also made sure that staff had an on-call system in place so that support and guidance could be obtained when no manager was in the building. We saw that the provider's disciplinary policy was used by the registered manager where things had gone wrong. This had been used appropriately with the registered manager explaining why action had being taken.

Meetings for people and relatives were arranged to enable people to express their views and opinions about the service. A relative told us, "Meetings vary, usually three a year, they are worthwhile coming to them." It was also used as an opportunity for the provider to exchange information with people about the service. We saw records for meetings held in 2015 and 2016.

Records showed that the registered manager had carried out a job satisfaction survey amongst staff. The results of this survey were unknown but the registered manager was analysing the information to help look at staff retention and how to improve communication amongst staff and managers.

We also saw that people were routinely asked for their views about the service. The registered manager had developed a monthly listening form. The key worker sat with each person and asked questions that ranged from, "Do you know what abuse is? To, "Are you happy with the decoration and comfort of your room and the home in general? We saw that from these forms where issues were highlighted the registered manager would speak to the person. For example where a person did not know what abuse was or how to make a complaint the registered manager provided this information and made a record of the conversation.

The provider had various audit systems and procedures in place that monitored the safety and quality of the service. All audits were reported to the Compliance and Care Standards Officer who carried out their own checks alongside the registered manager to verify the audits. For example, the provider had started a refurbishment plan of the service. The registered manager had identified areas of the service that needed attention and could show where action had been taken. We noted one room had been identified as needing new carpeting but had not been completed. We looked at this bedroom and found the room had an unpleasant odour. During the second day of our inspection the carpet fitters were present and replacing the carpet.