Minster Care Management Limited

Hamshaw Court

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

Hamshaw Court is registered with the Care Quality Commission [CQC] to provide care and accommodation for a maximum of 45 older people, some of whom may be living with dementia. It is close to local amenities and is located on a bus route into Hull city centre. Accommodation is provided in individual flat-lets, each of which has a bedroom/sitting area, a small kitchenette and an en-suite shower room. There are communal rooms for people to use and an enclosed garden.

This inspection took place on 2 and 3 December 2015 and was unannounced. The service was last inspected June 2014 and was found to be compliant with the regulations inspected at that time.

There were 37 people living at the service on the day of our inspection.

At the time of the inspection there was no registered manager in post. The deputy manager had taken on the responsibly until such time as a new manager was recruited, they will be referred to as the acting manager throughout the rest of this report. The area manager told us there had been an appointment made and the new manager was due to take up their post on the 18 December 2015. A registered manager is a person who has registered with the Care Quality Commission [CQC] 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.

The registered provider was found to be in breach of three of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Breaches were found with regard to, infection control, dignity and respect and governance. You can see what action we have told the registered provider to take at the end of this report. There were also issues found with the way people's medicines were administered and handled and staffing levels, we have made recommendations about these.

Staff were not provided in enough numbers to ensure people's needs were effectively met. Staff had not undertaken essential caring tasks and had not kept essential information about the person's wellbeing up to date. There had been a number of unwitnessed falls and accidents at the service, which the staff had failed to summon attention for in a timely way. This could have a detrimental impact on people as their welfare might not be maintained and their care needs not met. Systems were not in place to ensure people were not exposed to the risk of cross infection and lived in a well maintained and clean environment. Bedrooms were dirty and carpets needed replacing. En-suite bathrooms and toilets were dirty and the flooring needed replacing. Toiletries were left out in bathrooms and lids had not been replaced on tooth paste and other creams, these were accessible to people who were living with dementia and exposed to the risk of cross infection. Kitchens in the flats were in need of refurbishment and food was not stored in accordance with good practise guidelines. Soiled laundry was not handled in line with good practise guidelines and the equipment was not used appropriately.

Staff used disrespectful, patronising and negative language in the daily reports to describe people's behaviours. For example, words like 'attention seeking' and 'demanding' had been used to describe people explaining to staff their preferred choices. We also heard staff talking to people in a demeaning and argumentative manner. This was discussed with the area manager at the time of the inspection to address with the member of staff involved.

Systems had not been maintained which ensured people lived in well run service. Safety audits had not been carried out and consultation had not been undertaken with the people who used the service or others who an interest in people's wellbeing. Staff meetings had not taken place.

Staff understood they had a responsibility to keep people safe and knew how to report any abuse they may witness. Staff had been recruited safely. People were provided with food which was of their choosing and this was monitored by the care staff. Referrals were made when needed to other health care professionals, however this was on occasions not done in a timely manner. People's human rights were protected by staff who had received training in the Mental Capacity Act 2005 [MCA]. People were cared for by staff who had been trained to meet their needs. Staff were supported to gain further qualifications and experience and received regular supervision. People were supported by staff to access their GP and other health care professionals when required.

Staff had access to documentation which described the person and how they preferred to be cared for. This had been formulated with the input of the person or their representative when appropriate. The registered provider had a complaint procedure which people could access.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Not all areas of the service were safe

Not enough staff were deployed to meet the needs of the people who used the service.

Effective systems were not in place to lessen the risk to people who used the service of cross infection.

Staff understood they had a duty to report any safeguarding issues and had received training.

Staff were recruited safely.

People's medicines were not always handled safely.

Is the service effective?

Requires Improvement

Not all areas of the service were effective.

People were provided with a wholesome and nutritious diet which was monitored by the staff.

Staff supported people to make informed decisions when needed and provided people with important information to help them to make choices.

Staff received training to meet people's needs and were supported to gain further qualifications and experience.

Staff supported people to lead a healthy lifestyle and involved health care professionals when required, however on occasion this was not done in a timely way.

Is the service caring?

Requires Improvement

Not all areas of the servce were caring.

Relationships and interactions with people who used the service were not always respectful and did not uphold their dignity.

People who used the service were involved with their care.

Staff were aware of people's needs and undertook tasks with people's consent and co-operation.

Confidential information was stored and accessed appropriately.

Is the service responsive?

Good

The service was responsive.

The care people received was person centred, however staff did not always respected their wishes and choices.

People were provided with a range of activities and pursued individual hobbies and interests with the support of staff.

People who used the service could raise concerns and make complaints if they wished.

Is the service well-led?

Requires Improvement

Not all areas of the service were well-led

There was no registered manager in post

People were not consulted about the running of the service

Audits had not been undertaken to ensure people lived in a well maintained and safe environment

Equipment was serviced and checked on a regular basis

Hamshaw 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 registered 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 2 and 3 December 2015 and was unannounced. The inspection was completed by two adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The local authority safeguarding and quality teams and the local NHS were contacted as part of the inspection, to ask them for their views on the service and whether they had any ongoing concerns. We also looked at the information we hold about the registered provider.

We 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 spoke with six people who used the service and three of their relatives who were visiting during the inspection. We observed how staff interacted with people who used the service and monitored how staff supported people throughout the day, including meal times.

We spoke with seven staff; this included care staff, senior care staff, the cook, two domestics and the acting manager. We also spoke with the area manager.

We looked at four care files which belonged to people who used the service. We also looked at other important documentation relating to people who used the service such as incident and accident records and six medication administration records [MARs]. We looked at how the service used the Mental Capacity Act 2005 and Deprivation of Liberty code of practice to ensure that when people were deprived of their liberty or assessed as lacking capacity to make their own decisions, actions were taken in line with the legislation.

We looked at a selection of documentation relating to the management and running of the service. These included three staff recruitment files, training records, staff rotas, supervision records for staff, minutes of meetings with staff and people who used the service, safeguarding records, quality assurance audits, maintenance of equipment records, cleaning schedules and menus. We also undertook a tour of the building.

Requires Improvement

Is the service safe?

Our findings

We asked people if they felt the service was clean. Comments included, "Yes, pretty good, my room is clean, the cleaners are in every day" and "Yes but my clothes need to be put away." People we spoke with told us they felt safe at the service. Comments included, "The staff are alright, I get on with them, I feel safe", "I feel safe, staff are good" and "Some [staff] are okay; the night staff are the best." People also told us "Yes, everything is safe, nobody can get in, my belongings are safe", "Yes, nobody gets on at me." When we asked the people who used the service about staffing levels there was a mixed reaction. Comments included, "Maybe sometimes a bit short but it doesn't affect me", "No problems" and "No, sometimes I see others have to wait." Another person told us they had waited for over half an hour for staff to respond when they have called for assistance using the nurse call system. People we spoke with confirmed they received their medicines at the right time.

Visitors told us they felt their relatives were safe at the service. Comments included, "Yes, I have seen the way they [staff] care for her, they are friendly and they speak to her nicely", adding that she visits at different times of the day. Another visitor told us, "Yes they have got to know her" and "Yes, staff all nice." However, visitors also told us they didn't think there was enough staff on duty. Comments included, "There's not always enough staff, they are run off their feet", "No, I've seen residents ask for the toilet but no staff about." Visitors told us they didn't think the service was as clean as it should be. Comments included, "Mums bathroom has odour, I think there is something wrong with the drain in the bathroom", they also told us they had seen a mouse in their relative's room. Another visitor added "Sometimes there are odours, but it has not been as bad recently."

Prior to the inspection we had been contacted by the local authority health and safety department as they had received concerns with regard to the cleanliness of the service. They had undertaken an inspection and identified some infection control issues which affect the people who used the service. We looked at this during our inspection and found people's bedroom were dirty and were in need of cleaning, carpets in bedroom were dirty and commodes had not been cleaned. The en-suite bathroom flooring was peeling away from the walls, as was the flooring in the communal bathrooms and toilets. Bedding was stained, the kitchens in the flats were dirty and food was stored inappropriately. Some people had reported to us during the inspection they had seen mice in their rooms. Pest control visited while we were undertaking the inspection to rectify the issue. Toiletries including bubble bath, shower gel and razors were stored openly in bathrooms; these could easily be accessed by people who were living with dementia. Lids had not been replaced on toothpaste and creams leaving exposed the elements and at risk of cross contamination. Laundry staff told us they used red bags to transport soiled linen from people's rooms but these were not dissolvable. Staff were then disposing of them in the clinical waste. All of the issues listed posed a threat to people and a risk of cross contamination. Not to ensure the premises are clean and people at not at risk of cross infection is a breach of regulation 12 (2) (h) Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

We found the amount of staff provided to meet the needs of the people who used the service was not enough to effectively meet people's needs.

A record of accident and incidents had been made but this showed there had been a lot of unwitnessed falls and indents. It also identified staff had been slow to secure medical attention. For example, records showed that one person had fallen during the night, staff had sought medical attention but the person had remained at the service and had not attended the A&E department until the day staff had arrived the next morning. Relatives told us they were not always informed of accidents until a few hours after the accidents. Important documentation which staff should keep up to date to show how people's needs were met was not being completed and treatments such as topical creams were not being recorded, staff were unsure if this was a recording issue or they had not applied the creams.

People told us they had to wait for long periods of time for staff to attend when they had attempted to summon assistance by using the nurse call system. We also heard the nurse call system being activated by the people who used the service on numerous occasions and staff taking a long time to respond. People's physical care needs were not being met and we saw people walking around with food on their clothing.

It is recommended that the registered provider re-evaluates the staffing levels in line with the needs of the people who use the service and refers to god practise guidelines to ensure the effective deployment of staff.

We found that the administration, storage and dispensing of people's medicines was generally good. However, we did find some discrepancies with regard to the recording of medicines. For example, some medicines were labelled as taken as prescribed and the staff were not sure what this was. This was the same for topical creams. This was discussed with the area manager and she told us she would consult with the pharmacist to rectify this. Some people had medicine prescribed to be taken as and when required, however we found no protocols were in place to instruct staff in how this should be managed.

It is recommended the provider refers to good practice guidelines with the regard to the administration and recording of medicines to ensure this is done safely and people who use the service receive their medicines as prescribed.

All staff we spoke with were able to describe the registered provider's policy and procedure for the reporting of any abuse they may become aware of or witness. They told us they received training about what abuse is and how to recognise the signs of abuse, for example, bruising or an unexplained change in mood. Staff were aware they could approach other agencies to report any abuse; this included the local authority and the CQC. We looked at training records which confirmed staff received training about how to safeguard adults from abuse and this was updated annually.

There was a record of all safeguarding incidents and the outcome of these. We spoke with the local authority safeguarding team and they told us the acting manager co-operated with them; they had no concerns about the service and there were no outstanding safeguarding investigations being carried out at the time of the inspection. Staff told us they were mindful of the need not to discriminate people due their gender, religion or sexual orientation. The registered provider had policies and procedures for staff to follow which reminded them of this.

Staff understood their responsibility to report any abuse they may witness or any concerns about colleagues practise and knew they would be protected by the registered provider's whistleblowing policy. They told us they found the acting manager approachable and felt they could go to them with any concerns and trusted them to undertake the appropriate investigation and keep people safe.

People's care plans we looked at contained information about how staff were to support people and how some areas of daily living could pose a risk to the person. However, these had not been updated for long

periods of time and we found that following a fall one person's care plans had not detailed what follow up action was required or monitoring should be in place to ensure they were safe and there was no reoccurrence.

The acting manager undertook audits of the environment which identified areas which needed attention to keep people who used the service safe. Staff reported any maintenance issues to the acting manager and had access to maintenance personnel who undertook any daily repairs. The acting manager had devised emergency evacuation plans if the service was affected by floods or any other emergency situations. They also had contingency plans in place should the service be effected by a disruption in essential services, for example, water, gas or electrical failure.

We looked at the recruitment files of recently recruited staff and saw these contained references from previous employers, an application form which covered gaps in employment and asked the applicant to give a summary of their experience and any qualifications, a check with the Disclosure and Barring Service (DBS), a job description and terms and conditions of employment. The registered provider had policies and produces in place based on employment legislation which guided the acting manager with any disciplinary action which they might have to take, this included referring care staff to the DBS if circumstances dictated this.

Requires Improvement

Is the service effective?

Our findings

People we spoke with told us they were happy the meals provided. Comments included "There is always a choice, Sunday roast is good", "Food is okay, always hot, good choice" and "Not bad, quite good food, I can't eat meat and they know this, but I don't mind a bit of mash and veg." People we spoke with told us they though the staff had received training. Comments included, "Yes, don't know what is correct but it seems okay" and "They seem to know what they are doing they make sure I'm cared for." People told us they were supported to see their GP and other health care professionals. Comments included, "They [staff] always get a doctor if needed, the chiropodist came yesterday and two hairdressers come in and they give manicures", "Yes, I saw the chiropodist yesterday" and "I have seen a doctor and had a flu jab too, I need to see a chiropodist as my nails are long." This was brought to the attention of the staff.

Visitors told us the service contacted health care professionals when their relative's needed them. Comments included, "I have been here when they have rung and they let me know", "They monitor her diabetes and the nurse visits", "District nurse comes once a month for an injection and a chiropodist has been" and "I think so, they have kept me up to date."

The registered manager described to us the process they used to ensure all staff training was up to date and refreshed when required. They kept records of dates when the training had been completed and when it needed updating. The registered provider had identified training which they thought was essential for staff to receive which would equip them to meet the needs of the people who used the service. This included, moving and handling, health and safety, safeguarding adults from abuse, fire training, emergency evacuation procedures and infection control. Staff told us they found the training was relevant to their role and equipped them to meet the needs of the people who used the service. They told us along with completing the essential training they were also able to access more specific training, for example, dementia awareness and food and nutrition.

Staff told us they received supervision on a regular basis; they also received an annual appraisal; we saw records which confirmed this. The supervision session afforded the staff the opportunity to discuss any work related issues and to look at their practise and performance. Staff told us they could approach the acting manager at any time to discuss issues they may have or to ask for advice. The staff's annual appraisals were held to set targets and goals for the coming year with regard to their training and development.

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. The acting manager told us they had made application for DoLS for three of the people who used the service. We also found applications for DoLS had been made by the previous registered manager. We found best interest meetings had been held and all relevant interested parties had been involved. The applications were still with the local authority awaiting approval.

People were provided with a wholesome and nutritional diet which was of their choosing. People's care plans contained information about their likes and dislikes and any specialist diets they may require. Food had been prepared to accommodate people's needs and pureed diets were provided where needed. People's food and fluid intake was recorded daily and they were weighed each week; however we did find there were some gaps in this recording. If the staff identified any fluctuation in the person's weight they made referrals to the appropriate health care professionals for advice and assessments; they also made referrals if someone experienced other difficulties such as swallowing. Records we looked at showed staff did not always record the information required by the health care professionals so they could provide ongoing support and assessments. This was discussed with the area manager and the acting manager.

Observations made at lunch time showed us people were supported by staff in a discreet and sensitive manner. People's choices were accommodated and specialist cutlery was used, however one person was having difficulty and this resulted in food going on their clothing. This was discussed with the acting manager and they told us staff had to take things gently with them and use gentle persuasion and encouragement for them to cooperate with any personal care. They felt it was better they ate something in their own way rather than to disrupt them by offering protective clothing and aids which the person would find intrusive. Staff were seen attempting to encourage the person to change their clothes later.

Staff monitored people's health and welfare and made referrals to health care professionals where appropriate. People's care files showed staff made a daily record of people's wellbeing and what care had been provided. They also recorded when someone was not well and what they had done about it, for example, contacted their GP to request a visit. There was also evidence of people attending routine hospital appointments and the outcome of these. Care plans had been amended following visits form GPs and where people's needs had changed following a hospital admission. However staff did not always secure the proper treatment or ensure people saw the right health care professionals in timely way. This meant that people's health care needs were not always effectively met.

Requires Improvement

Is the service caring?

Our findings

Some of the people who use the service told us the staff were caring. Comments included, "The staff are caring, I think they're pretty good, they care about me", "They are okay to me, I get on with them all." However, one person told us "No, they say I can do it myself and they say I am idle." They added that the care they received at night was inconsistent. They told us, "Some staff are fine but others are not as caring." People told us they were involved with their care. Comments included, "They [the staff] explain things, they ask me things" and "I'm happy about things." People told us staff respected their privacy "They knock on doors." People told us they felt the staff understood their needs. Comments included, "I have plenty of banter with them" and "I get on with them."

Visitors we spoke with told us they thought the staff were caring and knew their relative's needs. Comments included, "One carer knows how to handle mum and make her laugh; they know how to bring out the best in her", "All the staff seem caring" and "The staff seem caring while I am here." They also told us they thought the staff respected their relative's dignity and privacy. Comments included, "I have been here when they have taken [relative's name] to the toilet, they wait outside the door." Visitors told us they felt involved with their relative's care. Comments included, "Along with social services I feel fully involved", "Mum makes her own decisions but I am involved" and "I make all the decisions. They asked me if it was okay to move her room."

We saw that generally staff approach was kind and understanding; however we did witness one member of staff being defensive and argumentative with one of the people who used the service. This was in relation to the use of a mug he had purchased to help him drink soup. This was reported to the acting manager and the area manager who assured us they would speak with the staff member involved. Later during the inspection we saw an entry in the person's daily notes which reported that the person had wanted their mug because we [the CQC] were observing in the dining room. This was also brought to the attention of the area manager. They assured us this would be addressed with the member of staff as part the provider's disciplinary procedures. The entry was written in a punitive way and did not respect the person's choices or uphold their dignity. We also found another entry in someone else's file where a visiting health care professional was not happy with the way the staff had spoken to a particular person who used the service and had ridiculed them by laughing at their response to questions. We also brought this information to the attention of the management team to investigate. Not upholding people's dignity is a breach of regulation 10 (1) of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff knew the people they were caring for and supporting, including their preferences and personal histories. Care plans we looked at contained information about people's preferences, likes and dislikes and their past lives. Staff we spoke with were able to describe people's needs and how these should be met. We saw and heard staff talking to people about their families and their hobbies and interests.

The registered provider had a range of policies and procedures in place for staff to follow which reinforced the need for staff to be mindful of people's background and culture. This was also recorded in people's care plans along with their preferences about how they chose to be cared for and spend their days.

We saw and heard staff explaining to people who used the service what they were doing and how they wanted them to assist them. For example, staff were seen helping people into wheelchairs so they could go into the dining room for their lunch. This was done sensitively and gently with staff talking to the person and giving reassurances they would be safe. We also heard staff providing people with choices and options. Again this was done slowly with the staff waiting for people to respond. We saw in people's care plans they had been involved with its formulation and where appropriate relatives had been consulted.

We saw no evidence of the use of outside advocacy services, but we did see that where someone's relative acted on their behalf or had power of attorney this was recorded in their care plans.

All confidential information was stored securely and staff only accessed this when needed.

Good

Is the service responsive?

Our findings

People we spoke with told us they knew they could raise concerns and complaints and who these should be directed to. Comments included, "I would see the boss, but I have no complaints", "Any of the staff, I think they would put things right", "I would see the manager." People told us about the activities they undertook. Comments included, "I play draughts; we are going to start going to Ryders Club in the future", "I play dominoes, bingo and I play chess. I went in a coach to Hessle a couple of years ago." People also told us they would like to go out more, one person said "We used to go out a lot but now we don't."

Visitors we spoke with told us they knew there was a complaint procedure and how to access this. Comments included, "I would see a senior" they then went on to tell us about a complaint which had been resolved to their satisfaction. This was with regard to a person who was living with dementia entering their relative's room and taking money and how now staff always lock their door when the room is not in use. Another visitor told us, "I would see [acting manager's name] or a senior and I would feel comfortable" another said "Whoever is in charge or ring social services."

We saw assessments had been undertaken by the placing authority and senior staff from the service. From these assessments a care plan had been formulated which described the person and how staff should support them to meet their needs. People who used the service or their representative had signed the care plan to indicate they had been involved in its formulation and agreed its content. This meant people who used the service were involved with their care and were receiving care which they had agreed and was of their choosing. The care plans were person-centred, describing the person and their preferences. Information was available which accompanied people to hospital in an emergency to make the nursing staff were aware of the person's needs and their level of independence and understanding.

Some of the people who used the service chose to stay in their rooms, they were visited regularly by the staff who made sure they were happy and didn't need anything. Instructions for staff to monitor people who stayed in their room was recorded in their care plans. Staff told us they were aware of the impact isolation could have on people so they made sure people were involved in what was going on in the service so they did not become depressed or too isolated. An activities co-ordinator was employed and they made sure people were offered the opportunity to participate in activities on a daily basis, this included things like exercise, listening to music, reminiscing and crafts. We saw records which indicated the majority of people who used the service were given the opportunity to participate in activities. However, during the days of the inspection we did not see a lot of activities being offered, this was attributed to it being the activities co-ordinator's days off. This was discussed with the area manager; they informed us they were intending to advertise for another activities co-ordinator to work alongside the existing one and cover for their days off. This would ensure people had a choice of activities seven days a week.

The registered provider had a complaints procedure which people could access if they felt they needed to make a complaint. This was displayed around the service and provided to people as part of the service user guide. The acting manager told us they could supply the complaint procedure in other formats which were appropriate for people's needs, for example, another language. They told us they would read and explain

the procedure to those people who had difficulty understanding it.

The acting manager told us they received very few official complaints, however, there was a system of recording these which included what the complaint was, how it was investigated and whether the complainant was satisfied with the investigation. Information was provided to the complainant about who they could contact if they were not happy with the way the investigation had been carried out by the service; this included the Local Authority and the Ombudsman.

Requires Improvement

Is the service well-led?

Our findings

People's views varied about the amount of consultation they received about the running of the service. Comments included, "They ask me about food but it doesn't seem to do any good", "I'm not asked very often. There are no residents meetings" and "Not asked much, there used to be residents meetings but no more." People told us they thought the service was well managed. Comments included, "Not bad at all", "Can't think of anything I would improve."

Visitors told us they thought there was a positive culture at the home. They also told us when they approached the acting manager they received a positive response. Visitors also told us about the level of involvement they had in the running of the service. Comments included, "I know about relatives meetings but don't go", "I have filled a couple of surveys in but not really any changes" and "Not personally, but my sister may."

At the time of the inspection there was no registered manager in post. The area manager told us there had been an appointment and the new manager was due to take up their position in December. A service that does not have a registered manager in place cannot receive a higher rating than 'requires improvement' in the well-led domain

Audits of the service had been undertaken which included the environment, staff training, medication and people's care plans. However, we saw that some of these audits were out of date and had not been completed since the previous registered manager had been in post. The audits had not identified the infection control issues which had been identified by both the CQC and the health and the safety officer. The issues with regard to staffing levels and the quality and consistency of the recording had not been identified. The recording of meds had not been identified though audits. This meant people were at risk of not having their needs due to the lack of effective systems to monitor the staff's practise.

We found there had been no consultation with the people who used the service; this was also the same for surveys, resident meetings and staff meetings. Not involving people who use the service in its running and the failure to undertake safety audits is a breach of regulation 17 of Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

We saw the acting manager had an open relationship with the staff and we heard them discussing the people who used the service and their needs. Staff told us they found the acting manager was doing a good job, they were approachable and they would listen to them. They also felt supported by them to undertake their roles and responsibilities. Staff felt the acting manager worked alongside them to meet the needs of the people who used the service.

The acting manager was fully cooperative during the inspection and provided the information we required. However, they told us they were looking forward to the new manager starting so they could go back to their role as deputy manager. Care staff we spoke with understood their responsibly and knew they had to report any untoward incidents and accidents to the senior staff. The senior staff knew they had a responsibility to

keep the acting manager informed of any events in the service which affected the wellbeing of the people who used it. This was achieved by the staff undertaking handovers at the end of each shift whereby they passed on information about the wellbeing of the people who used the service.

We saw evidence that equipment used by staff to assist people with their mobility was serviced in line with the manufacturers' recommendations. We also evidence that that regular tests were undertaken of the water system for legionella and fire tests were undertaken weekly.

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 10 HSCA RA Regulations 2014 Dignity and respect People were not treated with dignity and respect. Regulation 10 Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. Dignity and respect

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People lived in an environment which did not protect them from the risk of cross contamination and infection. Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 safe care and treatment.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider did not have systems in place which ensured people lived in a service which was safe, effective, caring, responsive and well-led. Regulation 17 Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. Good Governance