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Fernwood

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
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

Fernwood provides residential care for up to three people with learning disabilities. There were two people living there at the time of our inspection. People needed support with communication and were not able to tell us their experiences, so we observed that they were happy and relaxed with staff. One person had physical disabilities that they needed staff support with.

There was a registered manager in post. 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 owner is also the registered manager of the home.

This is the third time the home has been rated requires improvement. At the last inspection in August 2016, a number of breaches of regulations were identified and requirement notices were issued. Breaches were in relation to a lack of good governance, person centred care and not having suitably qualified and competent staff. Following the inspection we met with the provider to discuss their report. We asked the provider to complete an action plan to show improvements they would make, what they would do, and by when, to improve the key questions in safe, effective, responsive and well lead to at least good.

This comprehensive inspection took place on 17 November 2017 to check the provider had made suitable improvements to ensure they had met regulatory requirements. We found that appropriate actions had been taken and issues had been addressed. The provider was now meeting the regulations and although still rated requires improvement in two areas, significant improvements had been made. However, further improvements were still needed in relation to person centred activities and record keeping to ensure they were embedded into everyday practice.

Appropriate checks had taken place before staff were employed to ensure they were able to work safely with people at the Fernwood. People's needs were effectively met because staff had the training and skills they needed to do so. Staff were well supported with induction, training, supervision and appraisal. Staff knew how to safeguard people from abuse and what they should do if they thought someone was at risk. People's medicines were managed safely.

People were treated with dignity and respect by kind and caring staff. Staff had a good understanding of the care and support needs of people and had developed positive relationships with people.

People had enough to eat and drink and the menus were varied and well balanced. Appropriate referrals were made to health care professionals when needed and people were supported to attend health appointments, such as the GP or dentist.

People were encouraged to be involved in decisions and choices when it was appropriate. Mental Capacity

Act 2005 (MCA) assessments were completed as required and in line with legal requirements. Staff had attended MCA and Deprivation of Liberty Safeguards (DoLS) training.

There was good leadership in the home and the registered manager had an open door policy which staff valued. The organisation had effective systems to monitor and review the quality of the care provided. Further information is in the detailed findings below.

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's medicines were stored, administered and disposed of safely.

There were risk assessments in place and staff had a good understanding of the risks associated with the people they supported.

Staff understood the procedures to safeguard people from abuse.

There were enough staff that had been safely recruited to meet people's needs.

Is the service effective?

Good

The service was effective.

Staff received training and supervision to ensure they maintained and developed their knowledge and skills.

The manager and staff had a good understanding of mental Capacity assessments (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were given choice about what they wanted to eat and drink and ate food they enjoyed.

People were supported to have access to healthcare services and maintain good health.

Is the service caring?

Good

The service was caring.

People were treated with respect and dignity.

Staff knew people well and treated them with kindness and warmth.

Staff talked to people in a way they could understand.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

There was a lack of assessment to determine appropriate activities to meet one person's needs.

People received support that was responsive to their needs because staff knew them well.

People's support plans contained guidance to ensure staff knew how to support them.

Is the service well-led?

Requires Improvement

The service was not always well-led.

There were no effective systems for auditing care plans.

People spoke positively of the improvements that had taken place since the last inspection. Staff felt supported and listened to.

There were effective systems to monitor the quality of the care provided.

Fernwood

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Fernwood is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Fernwood has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

We visited the home on the 17 November 2017. This was an announced inspection. When planning the inspection we took account of the size of the service and that some people at the home could find visitors unsettling. As a result, this inspection was carried out by one inspector without an expert by experience or specialist advisor. Experts by experience are people who have direct experience of using health and social care services. We contacted the home the evening before our visit to let them know we would be coming. We did this because staff were sometimes out of the home supporting people who use the service and we needed to be sure that they would be there.

Before the inspection the provider completed 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 also reviewed other information we held about the service. We considered information which had been shared with us by the local authority, looked at safeguarding concerns that had been raised and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we spoke with the registered manager and two members of staff. People were not

able to tell us their views of life at Fernwood so we observed the support delivered in communal areas to get a view of care and support people experienced. This helped us understand the experience of people living at Fernwood. There were only two people using the service and we looked at both people's support plans and risk assessments along with other relevant documentation.

We reviewed the records of the home. This included staff recruitment files, training and supervision records, medicine records, accidents and incidents, quality audits and policies and procedures along with information in regard to the upkeep of the premises.

Good

Is the service safe?

Our findings

At the last inspection in August 2016 we rated the home as requires improvement in safe. We made a recommendation the provider reviewed their processes for recruitment and staffing rota's, using guidance from a reputable source. We found improvements had been made to these areas. Whilst people were not able to tell us if they felt safe, we observed people to be content and noted that when people needed support there was always a member of staff available to provide reassurance and guidance, where appropriate.

The provider completed the relevant checks before staff began working at the service to help ensure they employed people who were suitable to work at the home. Staff files included a range of documentation that included application forms with full employment history, photo identification and written references. Disclosure and Barring Service (DBS) checks had been completed to help ensure staff were safe to work with adults.

There were enough staff to keep people safe and meet their needs. At the time of the last inspection there were three care staff, and the registered manager worked occasional shifts. Problems had occurred when two staff were on leave at the same time and this left cover at the home short. The registered manager told us this situation would not occur again and leave was planned. Staff confirmed that leave had been staggered so people had no breaks in their activities. They told us they now worked more hours at Fernwood. They had recruited an additional staff member and were in the process of appointing another staff member subject to satisfactory recruitment checks.

Staff had an understanding of different types of abuse and told us what actions they would take if they believed people were at risk. All of the staff had up to date training in safeguarding and were able to tell us that if an incident occurred they reported it to the manager who was responsible for referring the matter to the local safeguarding authority.

Risk assessment documentation in care plans had been updated at regular intervals and where new risks to people had been identified, assessments had been carried out to manage the risks whilst protecting people's freedom and maintaining their independence. However, there was a risk assessment for one person that related to their weekly horse riding activity. The person required staff support to complete this activity. Although the assessment stated the risk of accidents and incidents there was no information about the role of staff to assist in the reduction of the risk of accidents and incidents. It was always the same two staff that provided this support and therefore the lack of detailed guidelines had no impact for the person. The assessment stated the support should always be provided by staff who knew them well. However, if there were a change in the staff team the documentation would not give clear guidance on how the person should be supported and there could be a potential risk of harm for the person.

There were risk assessments for supporting people to manage behaviours that challenged. For example, there were person centred guidelines for supporting people to manage anxiety. They focussed on the importance of tone of voice and the need to provide reassurance. Due to the size of the home, the frequency

of incidents and accidents were very low so there was very little need for analysis. However, the registered manager was aware that if the frequency of accidents and incidents increased this would need to be done. Where one person had suffered a skin tear, this had been recorded and a body map completed. Advice had been recorded to assist in minimising a reoccurrence.

Medicines were stored, administered, recorded and disposed of safely. People's medicines were stored in a cupboard in a locked room. People took these medicines only if they needed them, for example if they experienced pain or were agitated. The temperature at which medicines were stored in the medicine's cupboard were recorded daily to ensure medicines were stored at safe temperatures.

People were protected from the risk of infection. All staff had received training in infection control and in food hygiene. The house was clean and cleaning schedules were kept that demonstrated the cleaning tasks completed each day and night. We observed staff washing their hands regularly and ensuring surfaces were cleaned after food preparation.

All staff had received fire safety training and people had personal emergency evacuation plans. They contained information to ensure staff and emergency services were aware of people's individual needs and the assistance required in the event of an emergency evacuation. Regular evacuation drills were carried out to ensure that people knew what to do in the event of an emergency. However, drills were always held at the same time and it was always the same staff member. We spoke with a staff member who had not taken part in a drill for a long time. They knew the home's procedure, knew how to support people and felt confident they would be able to deal with such an emergency if the need arose.

People lived in a safe environment because the home continued to have good systems to carry out regular health and safety checks. All of the relevant safety checks had been completed, such as gas, electrical appliance safety and monitoring of water temperatures. There were procedures to make sure regular and ongoing safety maintenance was completed. The business continuity plan had been reviewed and provided detailed advice and guidance to assist staff in a range of emergencies such as extreme weather, infectious disease, damage to the premises, loss of utilities and computerised data.

Good

Is the service effective?

Our findings

At the last inspection the home was rated requires improvement in effective and there was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured staff received training appropriate for their role and staff had not received appropriate supervision and support. Following our inspection the provider sent us an action plan stating how they would meet the requirements of the regulations. At this inspection we found that improvements had been made.

At the time of the last inspection it was noted staff did not have up to date training in epilepsy. Since then, all staff had completed online training. A staff member told us the training was good and they would feel confident in dealing with the situation if a person had a seizure. At the last inspection one person's epilepsy guidelines had not been agreed with an appropriately qualified professional. The registered manager told us they had discussed this with the person's GP and a referral was to be made to a neurologist. The surgery had since closed but an appointment had been made with the person's new GP to ensure the referral had been made.

People received effective care from trained and knowledgeable staff. A record was kept of staff's individual training needs and the registered manager ensured that when updates were needed staff were given timescales for completion. Staff received training in looking after people, for example in safeguarding, food hygiene, fire evacuation, moving and handling, health and safety and infection control. Staff showed they understood how to assist people through the use of good moving and handling techniques when they supported one person to move about the home. Two staff told us they would like to learn Makaton (a form of sign language). One person knew a small number of signs and although staff knew these signs and used them, they felt they would like to expand the numbers of signs used to assist and improve the person's ability to communicate. We discussed this with the registered manager who confirmed this could be arranged.

Staff completed an induction when they started working at the service and 'shadowed' experienced members of staff until they were competent to work unsupervised. They also received additional training specific to peoples' needs, for example, the management of behaviours that challenged. Newer staff had yet to complete this training but we were told both staff had completed this training in their previous employment. Whilst staff had not received training in equality and diversity there was a detailed policy on this subject and staff were able to tell us how they ensured people were treated equally and their very different needs accommodated.

Staff told us they felt supported in their role. Records confirmed staff attended supervision meetings every two months. A staff member told us, "Things have definitely improved. We have supervision regularly and there are staff meetings and my training is all up to date. Communication is much better." Another staff member said, "If I go to the manager with a problem, he is brilliant. I have no worries."

People were supported to maintain good health and received on-going healthcare support and staff

supported people to attend a range of healthcare appointments. Everybody had a health action plan that identified the health professionals involved in their care for example, the GP, optician and dentist. The health action plans contained important information about the person's health needs. People also had care passports that would be used if they needed to go into hospital. This included, "Things you must know about me," "Things that are important to me" and "My likes and dislikes."

Since the last inspection an electric wheelchair had been bought for one person. There was clear advice about when the wheelchair should be used and the need to encourage the person to continue to walk short distances when at home. The registered manager told us staff also benefited from having the electric wheelchair and not having to push a wheelchair when out. A health professional had recommended they use of an exercise bike to help the person maintain their muscle strength. Staff said they encouraged the person to use the bike daily and although they only used it for a very short period of time they were persisting in trying to encourage greater use.

Staff asked people's consent before providing support. Staff had assessed people's abilities to make decisions. There was information within care plans about how each person communicated their needs and wishes and staff described how each person made their needs known. For example, a staff member said people will refuse to open their mouths if they do not want their teeth brushed. People's individual capacity to understand receiving medicines, to understand their finances and to consent to care and treatment had been assessed. Staff knew if people were unable to make complex decisions, for example about medical treatment, a relative or advocate would be asked to support them and a best interests meeting held to ensure all proposed treatments were in their best interests.

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. Referrals had been made for standard authorisations for those who required them and the home was awaiting the outcome.

People had enough to eat and drink. There was a weekly menu that was varied, nutritious and well balanced. As there were only two people, staff told us it was easy to prepare an additional meal if someone did not eat their meal. People were offered a choice of drinks throughout the day. One person also chose to have fruit on a regular basis and staff help the person to peel fruit as needed. We observed one mealtime for one person. A staff member supported them with their meal and we noted that it was not rushed and was a sociable and pleasant experience for the person.

Both people had opposite needs in relation to their food intake. One person had an assessed need to eat often and at regular intervals throughout the day and another person's food intake was monitored to assist them in maintaining a healthy weight. We asked staff how this was managed. We were told that both people had sufficient time apart throughout the week to ensure both their individual needs were catered for. People's weight was regularly monitored and documented in their care plan.

The open plan environment meant one person who did not like to sit still was able to move around the house and garden with ease. Bedrooms had been personalised to reflect as close as possibly known, each person's individual tastes and interests. A staff member told us if a bedroom door is closed, people and staff know to respect this and not to enter without knocking first. The lounge was homely and decorated with photographs of various activities people had participated in. A painting on canvas completed by one person was due to be hung. The maintenance person was at the home completing a list of minor maintenance tasks.

Good

Is the service caring?

Our findings

People were supported by staff who knew them well as individuals. Staff had worked in the home for a long time and they were able to tell us about people's needs, choices, personal histories and interests. They knew what people liked doing and how they liked to be supported. They communicated well with people and in a way they could understand and people responded warmly to them.

People were supported to express themselves as individuals. The home had a policy on sexuality and we asked the registered manager how the policy was used within Fernwood. They told us people had opportunities to meet others through their various day activities. Staff told us that people chose to have private time in their bedroom, they respected this choice. People were given choice about the clothes they wore as a way of expressing their identity but staff were not sure if they made informed choices. They told us they continued to offer choice when buying new clothes and when selecting clothes to wear each day.

Staff gave us examples of how they maintained people's privacy and dignity. They told us they knocked on people's doors before entering. They said they always ensured curtains were drawn and doors closed when people were supported with their personal care. We noted a staff member identified non-verbal cues a person gave, which indicated they wanted to use the toilet and the person was supported promptly.

People were encouraged to make everyday choices and decisions. It had been assessed that people did not indicate any preference for a particular staff gender to provide personal support. The registered manager told us they took one person to a shop to choose a poster for their room and new paint. Whilst the person made a choice and this was respected, they were not sure if this was an informed choice. Staff confirmed they continued to look at ways of expanding people's abilities to make choices and decisions. We observed one person made a definite choice to change into their pyjamas on their return from their day activities. A staff member said they were confident one person chose the drink they wanted as they always showed two drinks and the person always picked the same one. The registered manager said they would continue to offer choice and look at different ways of trying to encourage more informed decision making.

People were treated with kindness and compassion. There was a very relaxed and calm atmosphere in the home and staff had a good rapport with people. There was good interaction between staff and one person who required assistance with their meal. The staff member sat beside the person in a position that enabled appropriate eye contact and made the experience sociable for both. The meal time was not rushed. We also observed a staff member who supported one person to walk with their walking frame when they arrived back at Fernwood. They spoke with the person in a calm and caring manner and provided regular reassurance when needed.

One person's relative visited weekly and spent time with them. Another person's relative could not visit as often but staff told us the relative contacted the home regularly and staff also phoned them to give regular updates. Relatives were invited to annual reviews.

Records were stored in the office and only made available to those with a right to see them. Staff told us

they had regular opportunities to read through care plans. They felt the care plans reflected people's current needs.

Requires Improvement

Is the service responsive?

Our findings

At the last inspection we rated the home requires improvement in responsive and there was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured people received care and support in line with their individual needs and wishes. Following our inspection the provider sent us an action plan stating how they would meet the requirements of the regulations. At this inspection we found that improvements had been made but further progress was required to embed this within every day practice.

At the time of our last inspection, due to staff annual leave, one person had not attended their day centre for a week and they were going to miss the following week also. There was no alternative activity plan in place to cover this period. At this inspection both people had an activity programme setting out what they would be doing each day. There were systems to ensure staff annual leave was staggered so people would not miss their daily activities as a result of staff leave.

One person occasionally liked to behave in a way that could be perceived by others to be inappropriate. The registered manager told us staff were comfortable with this and the person's family were aware. There was no risk assessment related to this. It had not been raised with other professionals involved with this person and this had the potential to leave staff vulnerable. The registered manager confirmed the person's next review was imminent and this would be discussed.

Records for one person showed what activity had been done and if the person enjoyed the activity. If the activity was not what was planned an alternative activity would be recorded. Whilst records had improved since our last inspection they were still not very detailed and it was not evident that they were planned to meet the person's goals. For example, a staff member said, "I let him lead where we go and I follow. Sometimes he is indecisive and we walk to and fro". When this was the case, staff and the person walked around the local area. There was limited information recorded to state if the person's needs were met and to assess if they were happy with their day activities. We asked another staff member if they did sensory walks or if there was any planning in advance of outings to assess what the person could achieve from the outing. This had not been done but the staff member thought this could be done. This is an area that requires improvement.

People's individual aspirations had been assessed. One person had an annual holiday and had attended their day centre and tried out new activities such as painting and baking. In relation to the second person, they had also had an annual holiday and attended regular horse riding. However, staff could not confirm and the records did not show they had tried different trains or participated in more activities as stated in their plan. This is an area that requires improvement.

Another person continued to attend their day centre throughout the week and there were planned activities at the weekends. We were told this person generally liked watching activities rather than participating. However, in recent months progress had been made in encouraging greater participation in arts and crafts and in baking. We saw examples of paint work recently completed and we were told ingredients were being

bought to make a Christmas cake.

There was a complaint's policy. The last written complaint was received in 2010. We were told that the home had good relationships with people's relatives and that they visited regularly and attended people's reviews. There was an easy read complaint procedure with symbols to assist people if they wanted to make a complaint. The registered manager told us people would not be able to understand the tool. However, they were clear that if a person was unhappy or in pain staff would be able to identify this and address the problem. There was information in care plans that showed how people presented when they were unhappy or in pain. As staff knew people well they would use a process of elimination to try to identify what was wrong. For example: to take someone for a walk, or offer a drink or food, or to give pain relief. The registered manager felt that this worked well and people were generally settled.

Care plans contained information about people's needs in relation to personal care, mobility, nutrition, health and personal preferences. There was guidance for staff about how to support one person to move about the home, this included the use of mobility aids or the support of staff. There was information within care plans that was personal and specific to each individual. For example, if one person was upset they were known to say, 'bye, bye' to staff. Advice given in the care plan was to allow the person space but to check at regular intervals if they were ok. There was a personal history page for each person that described the person's life before coming to Fernwood. This enabled staff to speak with people about their past, and the people that were important to them.

Staff knew how to communicate effectively with people. Care plans gave clear advice about cues one person might need and we saw staff use these. It was clear that if one person wanted something they were able to make their needs known. For example, by taking a staff member's hand to lead them to what they wanted. There was information to guide staff. For example, various scenarios were given, 'when person does this, it might mean and you should.'

At the time of the last inspection one person had a daily exercise programme in place since 2012 that had been recommended by a professional but no review had been carried out to determine if it was still appropriate. Advice had since been sought about the exercise programme and it had been assessed as inappropriate. A course of hydro therapy had been provided and some guidelines provided to encourage the person's mobility around the house. Staff confirmed they encouraged the person to move about the home as often as possible.

The home's End of Life policy stated that staff training would be arranged if this was appropriate. As both people living at Fernwood were young and healthy this was not considered a priority. People would not have had capacity to discuss or make a decision regarding end of life but their relatives had been asked to share their views on this area.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection we rated the home as requires improvement in the well led effective domain. There was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider did not have effective systems in place to assess, monitor or improve the quality of services provided. Following our inspection the provider sent us an action plan stating how they would meet the requirements of the regulations. At this inspection we found that whilst improvements had been made, further progress was required to embed this into every day practice. There was a registered manager who is also the owner of Fernwood.

There were no effective systems to audit care plans and the activities provided to ensure they continued to meet people's needs. Whilst care plans were reviewed regularly, the systems for review did not identify the shortfalls we found in relation to risk management and activities. This is an area for improvement.

Staff meetings were held regularly and minutes of meetings demonstrated staff were updated regularly about a range of matters related to the home such as maintenance and recruitment. Staff opinions on how best to support people were also discussed. We discussed with the registered manager that some issues had been raised through this forum that perhaps should have been raised at a supervision meeting as they were of a confidential nature. The registered manager had already identified this as a problem and confirmed this would be addressed.

At the last inspection there was no effective system to seek people's views on the support they received. Service user satisfaction surveys had been carried out annually. A pictorial easy read format was used to seek people's opinions on the quality of the care and environment provided. However, the views expressed had been those of the care workers. We asked the registered manager what improvements had been made in this area. They told us they had not been able to find a tool that suited either person's needs. However, they said, "We monitor each person closely. One person would display self-injurious behaviour if they were unhappy or call out. Another would cry. We feel confident they are happy." They also told us, "One person has a visitor weekly and they would raise with us if they thought there were any problems." The registered manager also said that people had annual reviews of their placement where relatives and their care managers would look at and discuss each person's care plan. Annual surveys were also sent to relatives and visiting professionals. A visiting professional had responded that, people had 'always been treated with dignity and respect.' There were systems to check people were happy and that relatives and visiting professionals had a say on the running of the home. However, there were no formal systems to analyse the findings of these systems. This continues to be an area for improvement.

Staff described a very positive and open culture. When we arrived at Fernwood a staff member was very proud of all the changes that had been made since the last inspection and was keen to show us around and to share progress made. They said, "You won't recognise the place. It's run much better now." Another said, "We are a million miles from where we were before in terms of record keeping. There is always room to improve but we are better at it now. People are doing more and we are well supported." The registered manager confirmed that support they had received from the local authority in relation to their sister home

had been used to build upon progress made at Fernwood, particularly in relation to assessing people's mental capacity. A staff member told us, "New staff had brought new skills to the team and this had aided improvement in areas like record keeping and in providing additional activities."

There were effective systems to ensure a wide range of audits were carried out. Medicines audits had been carried out monthly until September 2017. Due to the low numbers of medicines given and the fact that no shortfalls were identified for several months the registered manager had moved to completing audits three monthly. The registered manager confirmed this decision would be risk assessed and reviewed if additional medicines were prescribed or if errors were noted. Other audits carried out regularly included health and safety, catering, finances and infection control. Where shortfalls had been identified, actions had been taken to prevent a reoccurrence.

At the time of our last inspection there were a number of policies and procedures either not in place or not up to date. These included the policies on MCA and DOLS, lone working and the whistle blowing policy. At this inspection these had been introduced and the majority of the policies and procedures had been reviewed. Staff knew where to find them if needed.

Health and safety audits had not always been adequately completed and water temperatures were not recorded. At this inspection water temperatures were monitored regularly to ensure water was running at a safe temperature.

At the time of the last inspection a staff member told us they had been promoted to the post of senior care worker but they had no job description and were not sure about their duties. They told us they now had a job description and were clear regarding the extent of their responsibilities.