Magnum Care Limited

Alston House

Inspection report

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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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place unannounced on 28 September and we returned announced on 6 October 2017.

Alston House provides accommodation and personal care for up to 19 older people some of whom are living with dementia. It is located in Aylestone close to Leicester city centre. The service has bedrooms, some of which have ensuite facilities, on two floors accessed by a passenger lift and a garden at the rear. At the time of our inspection there were 17 people using the service.

The service has a registered manager. This 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.

People told us the staff were caring and kind. Staff communicated with people in a positive and compassionate manner. The atmosphere in the home was friendly and inclusive. People and staff listened to music together and one person enjoyed dancing with a staff member. Visitors were made welcome and staff spoke with them about how their family members were getting on.

Staff provided people with responsive and personalised care. Staff knew the people they supported well and understood their needs. We saw staff talking with people and making sure they had what they wanted. Staff told us that because their service was small they had the opportunity get to know the people they supported and how they liked things done.

All the people we spoke with said they felt safe at Alston House. Staff knew where people were at risk from falls or other accidents and took action to reduce the risk of harm. The premises were adapted to help keep people safe, for example people had call bells within reach and mobility and walking aids available to them. Staff were trained in safeguarding [protecting people from abuse] and understood their responsibilities to keep people safe.

People had mixed views about staffing levels at the service. Some people thought they were satisfactory whereas others felt there should be more staff on duty. Records showed staffing levels to be acceptable, given people's needs, but the managers agreed to keep them under constant review and make changes

where necessary to ensure people's needs were always met in a timely manner.

People told us they had their medicines on time. Medicines were administered by trained senior carers. The managers carried out weekly medicines audits and took advice for their pharmacist and the local health authority to ensure people's medicines were safely managed.

People said they thought most of the staff were well-trained. Staff completed a range of courses to help ensure they had the skills and knowledge they needed to provide effective care. The managers and staff had a working knowledge of the Mental Capacity Act and understood the importance of people consenting to their care.

People were positive about the food provided. We saw lunch being served on the first day of our inspection visit. The food appeared wholesome and well-presented. If people needed assistance or prompting with their meals staff provided this. The deputy manager carried out a monthly meals audit and made change to the menus in line with people's wishes.

People told us staff supported them with their healthcare needs and accompanied them to appointments where necessary. People's medical history and healthcare needs were documented in their care records so staff had the information they needed to help keep people healthy. Records showed people had access to a range of health care professionals including GPs, district nurses, chiropodists, and opticians.

People told us there were concerned about the lack of activities and outings at the service. They said this had left some of them feeling bored and unstimulated. Records showed activities were infrequent and mainly consisted of watching TV, listening to music, and board games. We have made a recommendation that the provider improves the service's activities programme.

People said the managers and staff were approachable and friendly. Residents and relatives meetings were held every few months to get people's views on the service. The managers carried out audits to help ensure the service provided good quality care in a suitable environment.
Although these were mostly effective, and had led to improvements, some issues with the premises had yet to be identified or addressed.

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 using the service felt safe and staff knew what to do if they had concerns about their welfare.

Staff supported people to manage risks.

There were enough staff on duty to keep people safe and meet their needs.

Medicines were safely managed and administered.

Is the service effective?

Good

The service was effective.

Staff were trained to support people safely and effectively and seek their consent before providing care.

Staff had the information they needed to enable people to have sufficient to eat, drink and maintain a balanced diet.

People were assisted to access health care services and maintain good health.

Is the service caring?

Good

The service was caring.

Staff were caring and kind and treated people with compassion.

Staff respected people's privacy and dignity and involved them in decisions about their care and support.

Is the service responsive?

Requires Improvement

The service was mostly responsive.

People received personalised care that met their needs.

Improvements were needed to the service's activity programme.

People knew how to make a complaint if they needed to.

Is the service well-led?

Good

The service was well led.

The service had an open and friendly culture and the managers and staff were approachable and helpful.

The provider used audits to check on the quality of the service and was committed to making improvements where necessary.

Alston House

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 unannounced on 28 September and we returned announced on 6 October 2017.

The inspection team consisted of an inspector 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. Our expert by experience had experience of dementia care.

We reviewed the 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 looked at information received from local authority commissioners. Commissioners are responsible for finding appropriate care and support services for people.

We reviewed the provider's statement of purpose; this is a document which includes a standard required set of information about a service. We also reviewed the notifications submitted to us; these are changes, events or incidents that providers must tell us about.

We spoke with seven people using the service and three relatives. We looked at the care records of four people.

We also spoke with the registered manager, who is also the provider, the deputy manager, and three care workers, the cook and the housekeeper. We looked at two staff recruitment files. We also looked at records relating to all aspects of the service including care, staffing, training and quality assurance.

Good

Our findings

All the people we spoke with said they felt safe at Alston House. One person told us, "They care for me well especially when I'm not well, that makes me feel safe." Another person said, "I'm safe here [because] the girls [staff] are very good to me." A further person told us that being amongst others made them feel safe. They told us, "I am in a group of people here and not on my own. That makes me feel safe."

All staff were trained in safeguarding [protecting people from abuse] when they began working at the service and had annual refresher training to keep their skills up to date. Records showed safeguarding was on the agenda and discussed at all staff supervision sessions to ensure staff remained aware of their safeguarding responsibilities. The provider's safeguarding and whistleblowing procedures gave staff the information and contact numbers they needed to report abuse.

We looked at how staff managed risks to the people they supported. Staff told us that when a new person was admitted to the service their care needs were discussed at meetings. They also said they read the person's care plans and risk assessments. One staff member said, "If we've got a new person coming we are always told where they might not be safe so we can keep an eye on them."

People's care plans and risk assessments set out what staff needed to do to keep people from harm. For example one person was at risk of pressure sores. To reduce the risk the person had a pressure relief mattress and was prescribed skin care creams that staff applied. Staff were told they needed to report any signs of skin damage to a manager so they could refer the person to a district nurse for medical attention.

Another person was at risk of getting lost or injured if they left the service unaccompanied. To prevent this the property was kept secure and the person was checked every 15 minutes to ensure they were safe. The person had also been referred to the DoLS (Deprivation of Liberty Safeguards) team to ensure they were not at risk of being deprived of their liberty unlawfully.

The service had a smoking policy which stated that people who smoked could only do so outside in the gardens. One person who smoked had a risk assessment in place to ensure staff observed them when they smoked to avoid the risk of burns. Where necessary, staff kept people's smoking materials secure to prevent the risk of fire at the service.

The premises had been adapted to help keep people safe. People had call bells within reach so they could summon help from staff if they needed it. If people were at risk of falling out of bed they had crash mats in

place to reduce the risk of injury. There were handrails throughout the premises to reduce the risk of falls and people had a range of mobility and walking aids available to them. Records showed that all moving and handling equipment was checked monthly to ensure it was clean, in good repair, and safe to use.

A gate at the bottom of the stairs prevented people from going upstairs without staff support, although they had free access to the passenger lift which some people used independently. However there was no stairgate at the top of the stairs which some people had to walk past to get to the lift. This meant there was a risk of people falling down the stairs if they became unsteady and lost their footing.

We reported this to the managers. They said only one person made their way from their upstairs bedroom to the lift unaccompanied, and they were independently mobile. However, to ensure they were safe, managers put a new risk assessment in place for this person stating that staff must accompany them from their bedroom to the lift. On the second day of our inspection managers they told us they had ordered a new stairgate to increase safety for people whose bedrooms were on the first floor of the property.

People had mixed views about staffing levels at the service. One person said, "They come when they can. If they are helping someone who needs two [staff] then you have to wait longer especially if there are only three working the shift. Generally they pop in and tell you they will be back and usually they are. So far I have not had an accident but I say to them as soon as they do come 'Commode' first quick." Another person, who was independently mobile, told us, "It all depends what they [the staff] are doing. If the worse comes to the worse I go and get them from the lounge. You can usually find someone there." A relative said, "I feel they are short staffed. Often there are three carers on the floor when there should be four."

Other people said they thought staffing levels were satisfactory. One person told us, "There is enough staff for when you need them. If I ring my call bell they come fairly quickly." Another person said, "We can manage with the staff we've got. Of course we'd always like more and to be seen straight away but there's others here too."

During our inspection visits there were enough staff on duty to meet people's needs, although an extra staff member was brought in help out as the managers were assisting with our inspection. Records showed staffing levels were worked out with the use of a dependency tool which was used to calculate the number of staff needed in relation to people's needs. The care workers we spoke with said they thought staffing levels were acceptable and they weren't aware of people having to wait too long for staff assistance.

We discussed staffing levels with the managers. They said these were kept under constant review and were flexible depending on people's needs. They said they would carry out further reviews and take action if necessary if staffing levels were found to be unsatisfactory.

Records showed the provider operated a safe recruitment process to help ensure the staff employed had the right skills and experience and were safe to work with the people using the service. We checked two staff files and found they had the required documentation in place including police checks and references. The managers audited staff files on a monthly basis. Their last audit, in September 2017, identified that the service hadn't received references yet for all newly recruited staff. To address this the managers put risk assessments in place until the references arrived. This meant new staff only worked under supervision to ensure that people using the service were safe.

People told us they had their medicines on time said that to their knowledge they have never run out of their medicines. Medicines were administered by senior carers who had completed a safe handling of medicines course, been trained by the service's contract pharmacist, and undergone a competency check.

We saw part of a medicines round. A senior carer administered people's medicines individually with a drink if they needed one and stayed with them while they were swallowed. They spoke with people while they were having their medicines and explained what they were for. Medicines were kept securely at all times and never left unattended.

The managers carried out weekly medicines audits to ensure people's medicines were safely managed. Records showed they checked medicines administration records, order and disposal records, storage arrangements, and some people's individual medicines regimes, for example those who were new to the service and others who were randomly selected. This helped to ensure staff were following the provider's policies and procedures for the safe management of medicines at the service.

In addition the service's contract pharmacist carried out an annual audit of medicines and made recommendations that the managers followed. For example, at the latest audit the pharmacist noted that medicines were stored in room which was damp. This could adversely affect the medicines. The pharmacist advised the managers to move the storage facilities to a different room which they did. The managers also told us the health authority's clinical commissioning group had worked with staff at the service to improve medicines safety at the service and their recommendations had been followed.

Good

Our findings

People said they thought most of the staff were well-trained. One person said, "The established staff are well trained." Another person commented, "Most of them are well trained. You have to give the new ones time." A relative said, "I think the normal staff know how to meet my [family member's] needs."

We discussed these comments with the managers who said new staff and agency staff were trained to provide effective care, but they understood that people preferred staff who they knew well. They said that as the staff team was now more established people's satisfaction with staff member's effectiveness should improve.

The service's training records showed that staff completed a range of courses to help ensure they had the skills and knowledge they needed to provide effective care. These included both online and classroom-based courses covering general care, for example moving and handling, health and safety, and nutrition and hydration. More specialised was provided to meet people's individual needs. For example, staff had recently had training in Parkinson's Disease, behaviour that challenges, and diabetes.

Some staff said they would like more training in dementia as an increasing number of people at the service were diagnosed with this condition. We discussed this with the managers who said this had already been agreed. They said they were arranging for specialised dementia trainers to run a course at the service. This would complement the online dementia training staff had already completed and help to ensure they provided effective care to people at the service who were living with dementia.

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

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that they were and related

assessments and decisions had been properly taken and kept under review.

Records showed that when they first came to the service people were assessed with regard to their ability to consent to their care and to make informed decision about their daily lives. They were also re-assessed if their needs changed. Staff were trained in the MCA and DoLS and understood the importance of people consenting to their care.

When DoLS applications were authorised the managers informed CQC of this in keeping with their responsibilities. When we inspected the service one person was waiting for a decision on their DoLS application. In the meantime staff were working with the local authority to allow this person as much freedom as possible while simultaneously keeping them safe.

Most people were positive about the food provided. One person said, "I quite like the food. We have home cooked puddings and cakes and a good variety of roasts twice a week." Another person told us, "I think the food is good, we had a good pie today." A relative said their family member had put on weight when they first came to the service and their weight had since stabilised which was positive.

We saw lunch being served on the first day of our inspection visit. The food appeared wholesome and well-presented. Most people ate in the dining room but some had chosen to eat in their rooms. If people needed assistance or prompting with their meals staff provided this. Some people had guards on their plates to help them to eat independently. People were offered choices for each course. For example, a staff member asked people what pudding would they like, cake and custard or jelly and ice-cream, and showed them both options in bowls. This made it easier for people to choose what they wanted.

Records showed that people's dietary needs were assessed when they came to the service. If people were at risk of malnutrition and/or choking staff referred them to dieticians and the SALT (speech and language therapy) team. Staff weighed people monthly or more frequently to monitor their weight. Some people had fortified food and drinks to balance their diets. People were encouraged to drink fluids and hot and cold drinks were made available to them at all times. These measures helped to ensure staff provided effective support to people at risk of malnutrition or dehydration.

Records showed that two people from different ethnic backgrounds to the other people using the service ate English food but also enjoyed meals that reflected their own cultural backgrounds. Once a week they were served meals specific to their ethnicity to help ensure their cultural needs were met.

The deputy manager carried out a monthly meals audit and took action where necessary to improve the food served in line with people's wishes. For example, the most recent audit showed that one person objected to Cornish pasties being served at main meals saying 'they should be for buffets'. After discussion with other people the deputy manager removed these from the main meal menu and said that in future they would only be served at buffets if people wanted them then.

People told us staff supported them with their healthcare needs and accompanied them to appointments where necessary. Relatives said people's healthcare needs were met promptly. One relative said that if their family member needed medical assistance, "They [the staff] get the doctor out straight away and let us know later." One relative said their family member's health had improved since being at the service as a result of staff ensuing they had the regular healthcare.

People's medical history and healthcare needs were documented in their care records so staff had the information they needed to help keep people healthy. Records showed people had access to a range of

health care professionals including GPs, district nurses, chiropodists, and opticians. Two local GP surgeries provided healthcare services to people. Staff said they had a good relationship with staff at the surgeries and GPs came out on request if people needed them.

Some people had regular visits from district nurses who provided dressings, skin care, and diabetes support. Records showed staff followed their instructions between appointments and sought their advice if there were any changes to people's needs. This helped to ensure people's healthcare needs were consistently met.

Good

Our findings

People told us the staff were caring and kind. One person said, "They speak well to you. I have no worries. They are all decent people." Other comments included; 'the staff are really lovely'; 'they are perfectly good to me'; and 'they talk to me about my family which is nice'.

During our inspection visits we saw staff communicating with people in a positive and compassionate manner. The atmosphere in the home was friendly and inclusive. People and staff listened to music together and one person enjoyed dancing with a staff member. Visitors were made welcome and staff spoke with them about how their family members were getting on.

People spent time in one of the lounges or in their rooms. One person liked to sit in the garden outside the kitchen on warm days. The kitchen staff made them coffees and talked with them when they weren't too busy. The person was doing this on the day of our inspection visit and appeared content in their favourite spot. They occasionally waved and called to the kitchen staff who waved and called back. This was an example of a person being supported to feel comfortable at the service and to spend time in an area they had chosen as their own space.

Another person liked to sit in the small lounge which was next to their room. Staff introduced us and told us the person kept photo albums in their room which they liked to look at. The person was keen to show us their albums so staff helped them to bring them into the small lounge. The person enjoyed looking at the albums and showing their photos to staff and ourselves. Staff said this was one of the person's favourite pastimes and they encouraged the person to get the albums our as it made them happy.

People said the staff supported them to remain independent. One person told us, "I don't need to be cared for but they do help me have a shower." Another person said, "They help me but let me do what I can." We saw staff encouraging people to do things for themselves. One staff member said, "It would be easy to do everything for our residents but it wouldn't help them and they wouldn't like it. We don't want them to lose their independence."

Some people said they felt the service used too many agency staff which they found difficult as they were being supported by staff they didn't know. We discussed this with the managers who said the service had used agency members of staff in the summer while they were recruiting new permanent staff. They said the staff team was now more stable and agency staff hadn't been used for the last six weeks. They said they hoped that once people got to know the new staff they would feel safe and comfortable with them.

Records showed people were invited to agree to and sign their care plans twice a year. Staff told us that the care plans were explained to people before they signed them. Relatives told us they had had meetings with staff when their family members first came to the service to discuss their likes, dislikes, and preferred routines.

People choices and decisions about their care were recorded so staff could provide them with support in the way they wanted. For example, one person's care plan stated, '[Person] likes to get up at 8 am and to go to bed around 11pm.' This type of information helped to ensure people received personalised care in line with their wishes.

People told us staff respected their privacy, dignity and choices. One person said they preferred to spend most of their time in their room and staff respected their wishes. Another person told us how staff ensured doors and curtains were closed when they were receiving personal care and covered them with towels to preserve their dignity.

Staff completed a dignity in care course and were respectful of the people they supported. Personal care was provided discreetly and staff were seen to be respectful at all times. We saw that staff knocked on bedroom doors before entering and asked people for permission before providing them with care and support.

Requires Improvement

Our findings

People told us staff provided them with responsive and personalised care. One person said, "They [the staff] know what help I need. They are very good at making sure I have a shower when I want one and that my clothes are clean and in the wardrobe."

Relative were also satisfied with the care and support the staff provided. One relative told us, "The seniors here are particularly good. The know how to encourage [my family member] to have care. [My family member] would refuse otherwise." Another relative said, "[My family member] is so settled and contented here. The staff are excellent with her. They pay attention to the little things that make all the difference."

Staff knew the people they supported well and understood their needs. We observed staff members talking with people and making sure they had what they wanted. One person had a favourite personal item and a staff member fetched it for them as it gave them comfort. Another staff member checked on people in the small lounge, adjusted the TV for them, and checked whether they had any care needs. These were examples of staff providing responsive and personalised care.

Staff told us they got to know people by talking with them and their relatives and reading care plans. One staff member said, "Because this is small home we get to know our residents very well." Another staff member said, "There's a lot of information about each resident in their care plan and we always read these and then find out other things from the resident themselves or their families. We soon get to know how they like things done."

Care plans were personalised and included information about people's life histories, likes and dislikes, and preferred lifestyles. They also included instructions to staff on how to meet people's personal care and other needs. For example, if people needed assistance with their mobility, bathing or continence, staff were told how to provide this in line with their wishes. Records showed that care plans were reviewed at least monthly and changes made as necessary. This personalised approach helped to ensure staff had the information they needed to support people in the way they wanted.

People told us there were concerned about the lack of activities and outings at the service. One person said, "There's nothing to do most of the time. I get very bored." Another person told us, "I would like more activities here. It would brighten things up." Two people said they felt confined at the service and would welcome any opportunity to get out and about.

Relatives also expressed concerns about activities. One relative said, "There used to be some but we were told the singer was too expensive so that stopped. The residents just sit there in the lounge. It's sad they sit and sleep. [There is] no stimulation." Another relative told us, "I take [my family member] out when I come but otherwise nothing happens."

The results of the service's latest quality assurance surveys, that took place in January 2016, showed that some respondents had been concerned then about the lack of activities at the service. The manager's summary of the survey stated it was the 'overall weakest area' of the service and that improvements would be made. However during our inspection visits the same concerns arose again.

We looked at activity records for August and September 2017. These showed people's activities mainly consisted of watching TV, listening music, and board games. One person's most frequent activity was recorded as 'smoking'. Another person had 'sleeping for most of the day' listed as an activity. This is unacceptable as a lack of stimulation can have an adverse effect on people's well-being.

We recommend that a suitable programme of activities, based on people's interests and choices, is provided at the service.

We discussed this issue with the managers. They told us activities had declined because the staff member responsible for these was on long-term leave. However they said care workers provided some activities and a new staff member had recently been appointed who had an interest in activities and would be given responsibility for them.

None of the people or relatives we spoke with had made a complaint but most said they would speak to one of the managers or seniors if there was something they were not happy with.

We looked at the service's complaints log to see how any complaints made had been addressed. This showed that the managers had followed the provider's complaints procedure. A written record had been made of each complaint along with the action taken to resolve it. For example, the managers had received a complaint about clothing being damaged in the laundry. In response the managers instructed staff that in future only housekeepers could wash delicate fabrics and the family concerned were reimbursed. This showed that the complainant had been listened to and improvements made to the service as a result.

Good

Our findings

People said the managers and staff were approachable and friendly. One person told us, "If I had anything to say [about the service] I'd say it to the manager. She's very helpful." Relatives said the friendliness of the staff contributed to the positive culture at the service. One relative told us, "They are a good bunch of staff here. It's the staff that makes this place. They are very good to [my family member]." Another relative said, "The staff are very good and I can speak to them when I come in."

Residents and relatives meetings were held every few months to get people's views on the service. The minutes of the last meeting showed that improvements to the premises, meals, and activities were discussed. People were reminded of the service's complaints procedure and staff explained to them how to raise concerns both inside the service and with external health and social care professionals. The managers also used the service's newsletter, the Alston Article, to keep people up-to-date with what was happening at the service and included information on menus, decorating, and new staff members.

The registered manager and deputy manager told us they spoke with the people using the service, relatives, and staff whenever they were on duty. The deputy manager was responsible for the day-to-day running of the service and the registered manager was at the service at least three times a week and available by phone at all other times. This meant she was always contactable if anyone needed to speak with her about the service.

The staff we met were capable and caring. They told us they liked working at the service and were well-supported by the managers. Records showed they had regular one-to-one supervision sessions with managers to give them the opportunity to discuss their work, identify training needs, and give their views on the service. They also attended regular staff meeting. The minutes of the most recent one showed staff discussed a range of issues including record keeping the kitchen, and the provider's whistleblowing policy.

The managers said the meetings were used to improve the service. For example, staff were told, 'Please whistle blow if you feel things are not right. Let's protect our service users. Say no to abuse.' They were also reminded to read and sign care plans and the deputy manager monitored this after the meeting to ensure staff had done this. The managers also carried out spot checks to see how the service was running when neither of them were present. For example, the deputy manager carried out a recent check at two o'clock in the morning with positive results showing a good standard of care being provided at night.

Records showed the managers carried out a series of audits to help ensure all areas of the service were

running effectively. In some cases these had been used to bring about improvements. For example, the monthly audit of incidents had led to increased support for one person and the involvement of a social worker to review their care. The weekly check of people using the service who were particularly at risk had identified three people in this category and led to changes to their care plans which set out how best they could be supported.

We found some issues with the premises that hadn't been identified or addressed in audits. On the first day of our inspection we noted wear and tear damage to wallpaper, plasterwork, paintwork, tiling and floor coverings in some bedrooms and communal areas, and some patches of damp. In a double room electrical wiring was covered with masking tape instead of being properly sealed off or boxed in. In the small lounge the pelmet above the curtains was missing. The shower room opposite room 16 had a curtain instead of a door onto the main corridor. This could compromise a person's privacy.

An ensuite in a double room was being used to store two mattresses. A bed base, two mattresses, a hoist, and cardboard boxes were stored in the conservatory. This made the premises look less homely. Some window restrictors were fastened with small chains that would be easy to break and one of these, near the upstairs passenger lift, was already broken. This could present a risk to people. Although the premises smelt fresh some areas hadn't been properly cleaned and we found cobwebs, dead spiders and flies, and dirty lace curtains in people's rooms.

When we returned for the second day of our inspection the premises were much cleaner. There was a skip outside staff were disposing of items no longer in use. The registered manager said she was arranging for a contractor to look at the damp in some areas of the premises. She agreed to carry out a further audit to identify which areas of the premises were in need of redecoration and ensure this work was carried out. This with help to ensure the service provides good quality care in a suitable environment.