

Manor Care Home Limited

Manor Care Home - Middlewich

Inspection report

Greendale Drive
Middlewich
Cheshire
CW10 0PH

Tel: 01606833236
Website: www.manorcarecheshire.co.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection was carried out over two days on the, 10 and 11 July 2018. Our visit on the 10 July was unannounced. At our last inspection in June 2016 the service was rated 'Good.'

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

Manor Care Home provides accommodation and personal care and support for up to 44 older people. The accommodation is provided over two floors in a large listed building and a large purpose-built extension attached to the main building. The home has 44 bedrooms of varying size, 34 of which have an en-suite facility. There is a range of communal spaces including: lounges; dining rooms and sitting areas. Toilet and bathroom facilities are dispersed throughout the building. There is a car park provided for visitors and staff. The home is situated in a quiet residential area of Middlesbrough. At the time of our inspection 32 people were living at the service.

The home has a manager and they have applied for registration with CQC. 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 registered provider had systems in place to monitor the quality of the service provided. Some areas needed improvements. For example, such as out of date health and safety checks had not been identified within the services own monitoring procedures. Some areas needed improvements such as environmental risk assessments, kitchen maintenance, updates needed for record keeping and repairs had not been identified within the services own monitoring procedures.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated activities) regulation 2014 Good Governance.

Staffing levels had been recently revised by the registered provider. On occasions staffing levels had been lower than the levels stated by the provider due to short notice of staff sickness. This puts people at risk of not being provided with appropriate support due to less staffing than would normally be in place.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated activities) regulation 2014 Staffing.

'You can see what action we told the provider to take at the back of the full version of the report.'

Since starting in post 10 weeks earlier, the manager had introduced regular supervision sessions and training for the staff team. The manager was clear in explaining that staff had been out of date with various training when she commenced in post.

Procedures were in place to minimise the risk of harm to people using the service. Staff understood how to recognise and report abuse which helped make sure people were protected. Monitoring checks needed review to show better governance of their records in analysing and reporting events.

Risk screening tools had been developed to reflect any identified risks and these were recorded in people's support plans. The risk screening tools gave staff instructions about what action to take in order to minimise risks e.g. for falls.

Staff were recruited following a safe process to make sure they were suitable to work with vulnerable people.

Staff had access to personal protective equipment (PPE) to help reduce the risk of cross infection for example disposable gloves and aprons.

The service had policies and procedures relating the Mental Capacity Act 2005 and deprivation of liberty safeguards. Staff had recently completed training in this topic and staff understood the needs of the people they supported who lacked capacity.

Staff had good relationships with the people they were caring for. People told us they felt comfortable and liked living at the service.

Activities had been introduced by the new manager with a programme of events organised by the staff team. The manager was recruiting to a post for an activities organiser to help develop these social events.

Since commencing in post the manager had developed everyone's support plans to show how they were meeting people's needs. The support plans showed good overview and highlighted personal details and requests from people as to how they wanted their needs met.

People had access to healthcare services for example from the district nurse, chiropodist, optician and the GP. People were supported to attend hospital appointments as required.

We saw there was a concerns and complaint policy accessible to each person in the information leaflet supplied to people. Most of the people living at the service and visiting relatives we spoke with told us they had no concerns or complaints. We received one complaint from a relative and one from staff that we referred to the registered provider and manager to review within their complaints procedures.

We recommend the registered provider look at published guidance to consider further adaptations to the environment to meet people's dementia needs.

We recommend that the activities programme and support plans be reviewed and developed to show how they meet people's social needs and requests.

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 

The service was not always safe.

Health and safety checks and risk assessments had not always been updated and lacked organisation to show the service was safely maintained.

Recruitment procedures were well managed to minimise the risk of unsuitable people being employed to work with vulnerable people.

Is the service effective?

Good 

The service was effective

People's needs were met by a staff team who knew them well. Staff accessed appropriate professional healthcare support and guidance when required.

Staff understood their role in maintaining the principles of the Mental Capacity Act 2005 to make sure people's best interests could be met.

Is the service caring?

Good 

The service was caring.

We observed people being supported in a dignified manner and their privacy was respected.

People at the service and their relatives told us the staff were kind and caring. People looked content and well cared for and people we spoke with confirmed this.

Is the service responsive?

Requires Improvement 

The service was not always responsive.

The needs of people had been assessed and kept under review to ensure the service was responsive to changing needs. People were encouraged to participate in developing and reviewing their support plans. Some records were in need of review to

show how peoples social needs were being met.

Systems were in place to enable people to raise feedback and concerns about the service which were routinely monitored and reviewed by the manager.

Complaints procedures were well management and accessible to everyone.

Is the service well-led?

The service was not always well led.

The manager was transparent in their plans to improve the service and had showed evidence of their improvements to the service. However, the manager acknowledged further work needed to improve the service and maintain stability with the workforce.

Robust systems needed improvements by the registered provider and manager to fully monitor the quality of the service especially with the management of health and safety, managing staffing levels, developing people's social needs and improving record keeping and checks in the service.

Requires Improvement 

Manor Care Home - Middlewich

Detailed findings

Background to this inspection

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

This inspection took place on the 10 and 11 July 2018 and was unannounced.' The inspection team consisted of three adult social care inspectors on day one and day two, and an expert by experience on day two. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed information that we held about the service and the service provider. This included safeguarding and incident notifications which the provider had told us about. Statutory notifications are information the provider is legally required to send to us about significant events such as accidents, injuries and safeguarding notifications. Since the last inspection we had been liaising with the local authority and we considered this information as part of the planning process for this inspection. Positive feedback was shared by the local authority staff regarding their recent visits and quality checks to the service.

During our inspection we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with people in their care. SOFI is a specific way of observing care to help us understand the experience of people who may not be able to tell us.

We walked around the home and looked in communal areas, dining rooms, lounges, bathrooms, the kitchen, the laundry, medication area and a sample of all other rooms such as bedrooms.

During the two days of our inspection, we reviewed a variety of documents such as, policies and procedures

relating to the delivery of care and the administration and management of the home and staff. This included four support files of people living at the service, a sample of medicine administration records and four staff personnel files to check for information to demonstrate safe recruitment practices were taking place. We also looked at staff supervision records, training records and records relating to the management of the home such as safety checks and quality assurance systems.

We spoke with seven people living at the service, 10 relatives, the registered provider, the manager, an administrator, four support staff, two maintenance people, one domestic and the pastry chef.

Is the service safe?

Our findings

People we spoke with told us they felt safe at the service and they liked their surroundings which they told us were kept clean and well maintained. Relatives were positive about the environment and told us: "Environment nice, no smells", "Beautiful facilities", "Comfortable in their room", "My relative feels safe" and "Safe facilities very good, especially compared to others." One relative told us they were waiting for an ensuite room and they felt the room was clean but in need of refurbishment and a new carpet.

During our inspection we observed people living in the home being supported with their daily lives and staff were friendly in their approach to people. People living at the service looked comfortable with the staff. One person we spoke with told us that staff always responded very quickly to her when she needed support. We looked at people's support files and could see that staff had developed risk assessments to help reduce and minimise risks to people's health including risk assessments to reduce risks if they needed assistance with moving and handling with the assistance of a mobile hoist.

We observed and noted the staff response times to call bells and saw that staff acted promptly to calls for help. We saw that dependency assessments had been completed for each person living at the service. The manager had key information on the needs of people living in the care home which she assessed to help her establish the number of staff needed to meet the needs of people living in the home. We saw there were staff vacancies and a high level of sick leave mostly on short notice, this had implications for the smooth running of the home. Approximately five relatives felt the service needed more staff. One relative was aware that staff had recently left and felt that some staff had been "Battling." Two relatives were aware of a 'High turnover' of staff. They felt the staff they had now were good.

The manager discussed her plans in her recruitment drive for staff and the difficulties encountered with staff recently leaving the service with short notice. The registered provider and manager said they were planning how to manage staff more effectively and to take account of the lay out of the building. The registered provider described various difficulties they had encountered in recruiting suitable staff and advised they were in the process of recruiting more staff. We received further updates from the manager following the inspection regarding the progress in their recruitment drive.

Staff rotas showed that on six occasions between 18 April and 13 June 2018 staffing levels had fallen below their dependency assessment for staffing levels at night. We found that on two occasions two people had fallen during these shifts when staffing levels were lower than usual. Although we found no evidence that staffing levels were the reason for the falls, the analysis of the accidents could not show evidence that this had been considered a risk to people at the service.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to 'staffing'.

We looked at recent environment health and safety checklists for June 2018. The checklist showed regular safety checks were carried out within the environment to maintain a safe service. However, we found they

had not recorded issues noted during this inspection which highlighted gaps in the robustness of their safety checks. We found no evidence of environmental risk assessments for a few potential hazards noted during this inspection such as: Some of the bedrooms and one of the bathrooms on the ground floor had a poor supply of hot water, we noted two sash windows were broken, access to the cellar from the garden had a low-level construction around it that appeared to need a more substantial fencing, three windows were found to not be glazed with safety glass. All areas which highlighted potential risks to people living at the service. The manager advised action would be taken to implement risk assessments and actions to show improvements in the management of environmental risks within the building. Following the inspection, the registered provider submitted details of actions and risks assessments carried out to show what actions they were taken to manage the noted risks.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated activities) regulation 2014 Good Governance.

Systems were in place to record any accidents and incidents that occurred within the care home. We noted that the manager reviewed incidents so they could be analysed and identify any actions needed to be taken in response to an accident. We noted that not all of the accident records showed a detailed review had been completed and were in need of further review to help show a consistent analysis into accidents and incidents to help look for patterns and themes. The manager acknowledged various areas within the service on commencing in post and during the inspection that needed further improvements. Following the inspection, the manager submitted updates to actions taken to improve all aspects within the service including record keeping.

There was an emergency continuity plan and fire risk assessment in place. These plans gave detailed information to show appropriate actions to be taken in the event of an incident or fire or major incident. These plans would benefit from regular reviews to make sure they were current. The registered provider told us these documents would be updated the same day and confirmed this following the inspection.

We saw that Personal Emergency Evacuation Plans (PEEPS) had been completed for each person living at the service. During the inspection staff arranged to update the review date of each assessment. PEEPS give staff or the emergency services detailed instructions about the level of support a person would require in an emergency such as a fire evacuation.

We sampled a number of service contracts relating to the fire alarm system, fire extinguishers, emergency lights, electrical wiring, passenger lift, portable appliances, gas safety and hoist servicing. We found records to be in order and showed good maintenance of most parts of the service. We noted the service had taken action to carry out an insurance maintenance check which had been out of date. We saw that weekly checks/tests were undertaken on the fire alarms, door hold open devices, door guards and a visual check made on the location and soundness of firefighting equipment.

We discussed various guidance that could help the service develop their facilities to meet the needs of people with specific needs such as dementia. We recommended the registered provider look at published guidance to consider further adapting the environment to meet people's needs with dementia.

We found the kitchen on day one to be disorganised and not cleaned appropriately. We had been made aware of staff vacancies and the recruitment of staff for the kitchen. The manager told us she had already identified they needed fully trained and experienced staff for this area. The manager and staff took action and improved the cleanliness and organisation in the kitchen by day two of the inspection. The manager had already recruited a pastry chef and a further experienced chef who they were waiting to commence

employment at the service.

Staff had access to personal protective equipment (PPE) to help reduce the risk of cross infection for example disposable gloves and aprons. The main building and living areas were all clean, tidy and well maintained.

Safeguarding referrals had been made in accordance with the Local Authority safeguarding policy and guidance, we saw that an incident relating to potential staff misconduct had been investigated thoroughly and appropriate action had been taken by the registered provider.

A recent safeguarding investigation by the local authority found that the service was safe and unsubstantiated the allegations made. The local authority shared their findings with CQC and their local contracting and monitoring team who regularly visited the service.

Systems to help protect people from the risk of abuse were in place. The service had a safeguarding policy which was in line with the local authority's 'safeguarding adults at risk multi-agency policy'. This provided guidance to staff on identifying and responding to the signs and allegations of abuse. Since January 2018 we saw records that nine safeguarding referrals had been made to the Local Authority. The manager advised they were improving their record keeping and was reviewing the audit trail of any investigations they carried out. Improved record keeping would help the manager to show how they kept people informed and included in the outcomes of any safeguarding issues.

Staff we spoke with told us they knew how to keep people safe and they had received recent training in the safeguarding of vulnerable adults. Training records had not always been kept up to date prior to the new manager starting at the service. However, the manager had taken action to update all staff with necessary training including safeguarding and moving and handling. We saw there was a 'whistle blowing' policy. The whistle blowing policy is a policy to protect an employee who wants to report unsafe or poor practice.

We checked the storage and records for the administration of medications and we sampled a count of tablets to see how they matched to the medication records. All tablet checks were accurate and showed that medications were safely managed. We saw there was a photograph at the front of each person's records to assist staff in correctly identifying people to ensure they received the correct medication as prescribed by their GP. Some medication records had not been audited and checked and showed a couple of days with a gap to the records. The service had detailed medication audit tools that had not always been completed and recorded on with recent dates. Regular audits would show evidence of safety checks to oversee the safe management of medications. Two relatives told us they were happy with how staff managed the medications for their relatives. One visitor told us, "Medication given and watched by staff while taking it."

Staff we spoke with told us they had received recent training to help them to safely support people with medicines. The manager had noted staff had not always been updated with this training and she arranged for this to be implemented when she commenced working at the service.

We found that appropriate checks had been carried out to show that staff were recruited as per the regulations and staff were assessed as suitable for their posts. The service had a written procedure for the safe recruitment of staff and had updated their policies and guidance during the inspection. This included seeking references and obtaining Disclosure and Barring Service (DBS). The DBS carried out checks and identify if any information is on file that could mean a person may be unsuitable to work with vulnerable people.

Is the service effective?

Our findings

When we spoke with people who lived at the service they were complementary about the staff and their ability to provide them with care and support. They told us:

"I don't want to move from here until the day I die" and "I would give the service 10 out of 10."

Relatives made various comments about the care such as: "They meet (my relatives) needs", "I'm happy (my relatives) is cared for well and involved in decisions, the staff are very good", "Kept informed, yes their needs are met", "Care needs seem to be met", "My relative seems happy and content" and "My relative always looks clean and well shaven."

During this inspection, we observed staff obtaining verbal consent from people. We observed staff asking if people would like a drink, or help with assistance to go to their room, or the dining area. We noted that some people could display behaviour that challenged and staff knew these people well. We observed staff engaging positively with people to manage those behaviours sensitively. Staff used distraction techniques to reduce the impact of these behaviours on themselves and other people.

Meal times were sociable with some staff engaging well with people and offering support if required. The food looked and smelt appetising. Some people looked like they were enjoying their meal. However, we noted some staff had not offered assistance and identified some aspects that could be improved to enhance the dining experience for people at the service. We feedback our observations to the manager who advised she would review the dining experience.

Since starting at the service, the manager explained they had taken a number of actions to manage the routines within the service so they reflected the needs of the people they supported rather than outdated practices around staff routines and tasks.

The manager told us they had organised a barbeque for day two depending on the weather. They decided to serve the barbeque food inside the service due to the weather. People were supplied with plastic knives, forks and cups. We noted some people struggled to use them. We received mostly positive comments from people at the service and their relatives about the food, but some people were able to suggest improvements needed. They told us:

"My relative sits outside, drinks brought to them, quality of food good" and "Food alright, quite varied" and "My relative tells me they have really nice dinners." One person living at the service told us, "Staff know my preferences, I like egg on toast in the morning, the chef knows and makes sure I get this at the right time because of my medication."

One visitor felt their relative needed special cutlery and assistance with their food to help them to independently eat their meal. The manager agreed to review this person's support plan with the person and their family. The manager had identified a need to improve the whole catering and dining experience and the quality of the meals and menus served. She had recruited a fully qualified chef who she was waiting to

start working at Manor Care Home. The manager had also introduced an innovative idea to introduce home-made baking and pastries. She had employed a pastry chef and had plans to adapt a staff room into a fully adapted baking area as it was a cooler room with ideal temperatures to introduce such a facility. The manager was motivated to develop the service to meet the needs of the people living at the service.

A training programme was in place supported by face to face training which was monitored by the manager. An induction protocol and check list were in place which identified the essential skills needed for new employees. The manager recognised that a lot of training was in need of being updated for her staff team when she commenced in post. Staff told us they had received a lot of training recently in key topics necessary for their work. We saw recent staff training records that detailed training that had recently taken place. Staff told us they had covered training for, fire safety, medication, moving and handling, dementia, medications, safeguarding, the Mental Capacity Act (MCA) and Deprivation of liberty (DoLS). We looked at staff supervision records and saw they had been recently reviewed and were individualised to each staff member, addressing both the thoughts of the management and staff members. Supervision is a one to one meeting between staff and senior staff to help support them and discuss various topics such as any training and development needs for staff. The manager explained they had developed support for the whole staff team so they had effective ways to support staff throughout the year.

We looked at a sample of support files in which we saw evidence of the use of DoLS. These records were stored in the care file to recognise each person's views and rights. The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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. 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 Deprivation of Liberty Safeguards (DoLS). By law, the Care Quality Commission must monitor the operation of any deprivations and report on what we find.

We checked whether The Manor Care Home was working within the principles of the MCA and whether any conditions or authorisations to deprive a person of their liberty were being met. The manager had recently made applications to the local authority to deprive people of their liberty with explanations why this was needed for each person's best interest. The registered provider is aware they are required to notify the Care Quality Commission (CQC) once the authorisations have been granted. We had received nine notifications of authorisations that had previously been granted by the local authority.

People living at the service had access to a range of aids and adaptations to assist with their mobility and independence. There was an assisted communal bathroom and a shower room for people who needed specific equipment with their care. Bath and toilet aids, grab rails and other equipment was also in place to help people maintain their independence and mobility. However, we noted the new building had one bathroom on the first floor for 14 people living on that floor of the building. Some rooms had little access to hot water. The manager advised they would review this issue and look at developments within the service so that the limited facilities didn't affect people's choices for when they wanted a bath or shower.

Care records we looked at showed that the service involved other healthcare professionals to meet the needs of people who used the service such as visiting optician, district nurses and the GP. The district nursing team visited daily and regularly supported the staff team. Care records we reviewed recorded people's weight and reflected the care and support being provided to people especially if a person was shown to be losing weight. This information helped to show how people's needs were assessed and what actions were taken including a referral to a dietician or GP if needed if they continued to lose weight. Care

records included information about each person's nutritional needs. Records showed that each person's nutrition and hydration was monitored to ensure their nutritional needs were being met.

We looked at a sample of people's rooms and noted they had been personalised with personal possessions to ensure they had personal items around them for their comfort. We also saw that since the manager commenced working at the service, actions had been taken to adapt one lounge which the hairdresser used. The manager had installed some clothes stand with bags and dresses to help develop the area to invoke memories and feelings to people who use to go to a salon at home. The manager acknowledged the building needed further development to help people living with dementia to orientate around the home safely.

Is the service caring?

Our findings

People living at the service told us they were happy and felt well cared for. One person said,

"Staff are nice, visitors are welcome" and "Carers all nice people." Relatives told us, "Staff seem caring and cheerful, great with visitors", "Staff very pleasant, offer us refreshments, all caring", "Relatives made welcome", "Staff good, impressed with the way they care", "Carers are warm, they give our relative a bug hug and they respond well" and "Staff pleasant and attentive, nothing too much trouble."

Most of the relatives and some people living at the service were aware of the forthcoming 'Residents meetings' that the manager had arranged for them. This was a recent initiative introduced by the manager to help share ways to get feedback from everyone about the service offered. One person was aware of the services newsletter and told us they received it by email and it helped them to be kept up to date with news about the service. The manager had developed the newsletter and intended on sharing this regularly so that everyone was kept up to date with developments at the service. The reception area had a lot of information to share with people including an invite to the residents meeting and a copy of the most recent newsletter.

Information was present in people's care files about their individual likes, dislikes, hobbies and religious beliefs. This personalised information helped staff to provide care and support based on people's personal preferences and helped staff better understand the individual.

A statement of purpose had been developed to provide people with relevant information on the service provided. A combined welcome pack had also been produced for people to access. The records offered a range of information about the service including meals, the staff team and the aims and objectives of the service. This meant that relevant information about the service was available for people to access and helpful for people to make informed choices about this service, especially for new people looking at potential places to live.

We carried out a short observational framework inspection (SOFI). During our SOFI we saw that people sat in the communal lounge were relaxed, with staff engaging and interacting well with people. The grounds of the home were extensive and the ground floor lounges had access to a large safe garden with plenty of seating and umbrellas. Some people were enjoying sitting outside and we saw staff regularly going out to the gardens to ask if they needed anything and to have regular chats and updates with them. People living at the service, told us the staff were caring. We observed staff welcoming visitors and offering drinks during their visit. Visitors told us they were always made to feel welcome, whenever they visited.

We noted one person independently taking care of the plants and staff regularly checked if they needed anything. This person's independence was promoted and maintained within a safe environment and encouraged to carry on their hobbies with gardening tasks. We met another person who chose to live at the service and told us they liked living on the ground floor overlooking the gardens where they could see everyone. They told us they knew all the staff and that they helped to make their room comfortable the way they wanted it. The gardens were privately screened with plants and fences. Most relatives were positive

about the care being delivered. One visitor was pleased with how they had recently helped their relative to celebrate their birthday, they told us, "They did a lovely tea party for our relative's birthday, at no cost."

We observed staff interactions with people and we saw staff were good at respecting people's privacy and dignity and the visiting relatives we spoke with confirmed this. For example, we saw that if personal care was needed, staff protected people's privacy by closing doors when providing support. We observed people chatting to staff and it was apparent from their smiles they were comfortable and happy with the staff supporting them. We saw that most people were well-groomed and appropriately dressed. However, we noted on day one that some people looked like their hair had not been brushed although the hairdresser was in attendance during day one of the inspection and one lady had visible facial hair that had not been removed. We discussed this with the manager to review with staff.

We had several discussions with staff and they told us about each of the people they supported. They had a good awareness of the needs and support requirements of the people they cared for and knew their likes and dislikes.

Is the service responsive?

Our findings

Most visitors told us they felt informed and kept up to date about their relative's needs. They shared lots of positive comments such as, "My relative had a chest infection they dealt with it quickly", "They acted quickly to get a doctor", "My relative was very ill last year, the staff were very vigilant", "If our relative is confused, staff pick up on it and reassure her" and "The GP was called over my relative's blood pressure, they dealt with it appropriately."

People who live at the service told us they had no complaints but were aware of where they could take them to be investigated. The majority of relatives were positive and told us, "We know how to raise concerns", "I'm happy to raise concerns, we feel confident with senior staff", "If I had to make a complaint I would try to approach staff first", "I'm 100% satisfied about the home", "I speak up straight away", "My relative is content" and "We would recommend the home to other people."

During the inspection we reviewed the policy in relation to complaints, which was included in the 'Resident information pack' and was displayed in the main reception area. Staff told us that any concerns or complaints raised by a person using the service would be taken directly to the provider. The service had recorded three complaints since 2016. Records confirmed that appropriate action had been taken to investigate any concerns and respond to issues raised. We discussed how they captured informal and verbal complaints. The manager advised they would review how they captured peoples feedback and would look at including verbal issues within their records to show how their different views were managed. One relative and one staff member raised concerns that we referred to the registered provider to review within their complaints procedure.

Staff had developed support plans for each person living at the service. The plans included detailed information to identify the person's care, cognitive, psychological and support needs and equipment needed to meet people's needs safely. The manager had reviewed all the support plans and updated them with assessments and plans relevant to each person's needs. However, some care plans had not been signed and dated to show when they had been implemented. Accurate record keeping was necessary to show ongoing reviews and developments in each person's condition.

Each file contained important information such as: pre-admission assessments prior to choosing to live at the service, care plans which described each person's needs, risks and information about the person's life history to help staff to get to know people better. The plans were detailed and regularly reviewed and included information such as, how the person wanted their personal care to be delivered, details how to support someone with a visual impairment, how to support a person with behaviour that challenged and how to safely support people who were no longer mobile and needed the support of a hoist. The support files provided evidence that people's needs had been assessed and were appropriately managed.

The records did not always describe the social support provided within the service. The registered provider advised they would review the plans to show how they were planning to meet each person's social needs. Assessments of the support plans showed people and their relatives had been included and involved in the

assessment process where possible. Most relatives told us they were always kept informed about their relative's care and updates especially when any visiting clinicians had been. At the time of our inspection, none of the people living in the care home were receiving end of life care. However, the care records showed that staff discussed any requests or wishes with people in the event of death and this information was stored within their support plans.

The manager had recently developed a programme of activities organised by the staff on duty. She had developed a poster with pictures to describe the activity so those people with specific needs could still understand what was on offer each day. The programme of activities included, skittles, play your cards right, entertainers, gardening, daily walking club, arts and crafts, recent party for the Royal wedding, various games and a barbeque. A hairdresser visited the home every week and was in the service during the inspection.

The manager was in the process of advertising for an activity coordinator to help them to further develop their programme of activities. The manager felt that an activities organiser would enhance the provision and range of activities on offer for people using the service. The manager had arranged for a 'Residents meeting' to discuss what people would like regarding forthcoming activities. One relative was aware of the agenda items and was looking forward to updates about the new chef and dietary requirements. The manager had also developed a newsletter to help keep everyone up to date with plans for developing the service with activities.

We recommend that the activities programme and support plans be reviewed and developed to show how they meet people's social needs and requests.

Is the service well-led?

Our findings

Most people were positive about the management of the service and noted improvements to the things the manager had introduced. Relatives made various positive comments such as, "The manager is marvellous with me", "The service has improved since March, it's taken on more energy" and "Yes I would recommend to other people." One relative had a suggestion that they would like to see a reception or staff based at reception. We passed their suggestions to the manager and registered provider to consider.

Three staff shared positive comments about the manager and told us, "The manager is a brilliant manager and she puts the residents first and is trying to challenge poor practice", "I think the manager is very supportive" and "Before the manager came we didn't have staff meetings, maybe very occasional ones, we didn't have resident's meetings and we didn't have training organised, the manager is doing a lot of that." We noted a small core group of staff that did not support the manager. One staff member raised some concerns and we referred them to the provider to review within their complaints procedure as some issues were staff grievances. We noted some staff had not carried out instructions by the manager. We discussed the different staff attitudes with the registered provider in order for them to address the issues raised.

A manager was in place at the time of our inspection. They were not yet registered with CQC but confirmed they submitted their application to register. 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.

We found there were systems in place for auditing areas of the service including, health and safety and medications. However, we noted a few areas where some records had not been completed, signed or appropriately recorded on and we have listed them within the report regarding improvements needed. For example, lack of environmental risk assessments, medication audits not always completed, updates needed to the fire risk assessments and contingency plans, some appraisals and supervisions for staff needed review dates to be included on records, activities needed further review, staffing levels needed managing and continual review and training and development of staff needed continued monitoring. The manager and registered provider advised they would review their auditing systems to help all aspects of good record keeping.

Services that provide health and social care to people are required to inform the CQC of important events that have happened in the service and show how they had appropriately managed each event. The service had submitted notifications to CQC however some records were disorganised and lacked organisation to show how they were analysed and if they had been shared with other organisations. The manager explained that when she started in post the list of actions needing improvements were numerous in total. She advised they would review all record keeping and would revise their records to offer a more organised and accurate record keeping.

Although the manager had shown various audits and documentation she had implemented and reviewed

as part of her governance checks, we saw little evidence of any provider audits in place.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated activities) regulation 2014 Good Governance.

The manager and registered provider fully engaged with anything necessary during the inspection. Most people were positive about the management of the service and noted improvements to the things the manager had introduced. Relatives made various positive comments such as, "The manager is marvellous with me", "The service has improved since March, it's taken on more energy" and "Yes I would recommend to other people."

The manager was aware of the importance of maintaining regular contact with people using the service and their families. We saw that satisfaction questionnaires had been sent out. The latest returned surveys/feedback had not been summarised and shared with anyone. The manager advised they would review the results and would summarise them to share with people to show the feedback they had obtained and what responses and actions they would be taking. The manager told us they had organised a forthcoming 'Residents meeting' for July 2018 and a notice was up in the reception area. People were aware of this meeting and were looking forward to it. The manager told us the service had not been having regular meetings with residents and their families and it was something she wanted to introduce as soon as possible.

Throughout the inspection we acknowledged that in a short period of time over two months the manager had identified areas that needed review and had introduced actions to attempt to make improvements to the service including, organising necessary training for staff, arranging a residents meeting, employing a pastry chef and recruiting further trained catering staff to help improve their menus, recruiting an activities organiser to provide a regular programme of social activities, updating and reviewing all care files to provide updated plans that showed how staff met people's needs and managing staff practices to change cultures within the service so that people's needs were at the centre of the care provided and not around staff tasks and routines. In the manager's attempts to make improvements to a large proportion of the service which were necessary they also had to manage the ongoing sickness and staff leaving the service. We discussed the concerns around this issue with the manager and registered provider which had the potential to affect the whole infrastructure of the service and the manager's plans to continue to improve the service. The registered provider told us they were recruiting staff and would look at a development plan to show how they planned to support the manager.

Periodic monitoring of the standard of care provided to people funded via the local authority was undertaken by Cheshire East Council's Quality Monitoring Team. This is a monitoring process to ensure the service meets its contractual obligations. They provided positive feedback regarding their most recent visit of the service.

The registered provider shared with us copies of the service's policies and procedures. They had been recently updated and the office staff updated all the policies during the inspection. Updated policies and procedures help to make sure staff had access to the most updated guidance accessible.

We saw the last CQC inspection report and quality rating was accessible via the registered providers own website, where people could openly access it.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Records lacked enough detail and updates to show how the service was effectively managed especially with health and safety checks.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staffing levels were not effectively managed. Staffing levels had fallen below their dependency assessments on a few occasions for staffing levels at night.